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The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I. TORONTO, MARCH, 1905. No. 1

THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

When we remember that the graduates of the Toronto General Hospital Training School for Nurses now number over four hundred, it seems difficult to realize that less than a quarter of a century has elapsed since any organized system of training existed in connection with the largest hospital in Canada.

The nurses employed in this institution were women of the type found in hospitals on both sides of the Atlantic prior to the establishment of nursing schools.

Educational qualifications not being considered essential in those who looked after the sick, most of the nurses were illiterate, and if tradition is to be relied upon, intemperate as well, to say nothing of the impression that prevailed amongst these strong-minded women as a class, that to be a good nurse always implied that one must be a strict disciplinarian. As a remuneration for her services, each nurse received nine dollars per month, together with her board, lodging and a daily allowance of beer.

They occupied bed-rooms opening into the wards of which they had charge, and each nurse carried her knife, fork and spoon in her pocket. Later, when the allowance of beer was cancelled, and tea substituted as a beverage, they were given an additional dollar monthly, as a compensation for the loss of the beer.

But salutary changes had been introduced into Bellevue Hospital, New York, eight years previously, and also into the Massachusetts General, Boston, and had been attended with such marked improvements in hospital nursing that the authorities finally decided to organize a school for nurses in connection with the General Hospital, Toronto.

It will readily be understood that much tact and consideration was required in dealing with those who had heretofore considered that nursing was their own especial province, and would doubtless be disposed to regard any radical change in this department with disfavor.

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But the spirit of reform was abroad, and consequently in April, 1881, the entire nursing staff, which consisted of seventeen nurses then on duty in the hospital, were invited to be present at a meeting held in the hospital amphitheatre for the purpose of hearing the question fully discussed. Several addresses were delivered, in which the nurses were told that a training school was to be organized. Then all present were offered the privilege of being enrolled as nurses in training, on the following conditions: They were expected to agree to remain two full years in the hospital, and at the expiration of that time, pass an oral examination before a board of examiners. Those who fulfilled these conditions were promised a certificate of qualification in nursing, signed by the authorities and by the examiners, and also a silver badge.

So far as any record exists of this memorable day which inaugurated the beginning of trained nursing in the Dominion of Canada in connection with this hospital, only five of those present agreed to accept the conditions offered. It is true that during the intervening time, many additions were made to this number, but at the expiration of two years, viz., in 1883, only five nurses were presented with the much-coveted and hard-earned certificate and badge, granted by the authorities.

The uniform at this time consisted of a dress of washing material for morning wear, made "Princess" style, with a long train, and for afternoon wear, a gray serge with a bow of blue ribbon at the throat. Under the most favorable circumstances the progress of reform is slow. It is not surprising, therefore, that though improvements marked each succeeding year, this infant training school, subject as it was to adverse winds in the shape of repeated changes of its chief officer, or superintendent, and a somewhat impoverished exchequer, should have experienced many difficulties.

The first superintendent was an English lady, Miss Harriet Goldie, who had already been matron of the hospital for about six years. Her health failing nearly two years later, her assistant, Mrs. Fulford (nee Starry), a graduate of an English hospital, was appointed to the position, and remained for about six months, to be followed in March, 1884, by Miss Lucy V. Pickett, a graduate of the Massachusetts General Hospital, Boston, Mass. Miss Pickett resigned in October of the same year, having held the position only eight months.

At this period the nurses occupied rooms situated in various parts of the hospital. They slept on straw beds without springs. Their dining-room was in the basement of the hospital, opposite the engine-room, and they not only served the meals in the wards, but washed the dishes as well. In addition to an afternoon off duty each week, the nurses were also allowed one-half

of each alternate Sabbath. There were twenty-seven nurses in training and seven graduate nurses in charge of wards.

About this time a large parlor was furnished for their use, but the furnishing did not include the piano, which was a rented one; each nurse being expected to contribute a small sum monthly for the purpose of defraying this expense.

On December 1st, 1884, the present superintendent, a Canadian, who two years previously had entered Bellevue Hospital, New York, for the express purpose of fitting herself for a hospital position in her native land, began her work.

MARY AGNES SNIVELY.

(To be continued.)

THE NURSE AND THE PUBLIC.

Trained nurses are regarded by the public with very mixed feelings. As a class their position, and the good they do in the hospital is now unquestioned, although individuals may be prejudiced against some particular nurse and her ways. But outside the hospital the trained nurse is still regarded as a not altogether unmixed blessing, and the public will need several more years of education—in which, perhaps, proper legislation by which the standard requirements for members of the profession will be more precisely defined, will be of no little assistance—before they can be brought to thoroughly appreciate her position or the relative value of the services of the trained nurse, and those of the untrained attendant and the well-meaning, enthusiastic, but untaught amateur. But meanwhile there is much that every individual graduate can do in a quiet way to influence the tide of public opinion. Nor would it be reasonable for us to look upon legal registration or other legislative enactments as a panacea for the present unsatisfactory condition of affairs, for always, as now, it will largely rest with ourselves what status we and our work are to hold in the eyes of the public at large. The trained nurse, then, should teach those with whom she is brought into contact to expect of her the same high order of services, though of a different nature, that is demanded of the physician; and her instruction must take the form not of words, but of thorough work, and the most exemplary personal conduct. She should practically demonstrate to them that apart from the fact that trained skill may be the means of saving life when a cheap and incompetent attendant might fail through inexperience, the acceptance of her services, even when the

highest fees are demanded, constitute a real economy, because where there is intelligent and efficient nursing, many visits of the physician which would otherwise be necessary, can be dispensed with; while, at the same time, far greater comfort to the patient is ensured, and his recovery is rendered much more rapid with the result that the expenses of illness are curtailed. Only after a long series of such results can the public ever be expected to appreciate the fact that what is the best is always the cheapest in the long run. As an educator in the laws of health and right living the nurse is gradually assuming her proper place, so that people are beginning to rely upon her co-operation to aid in preventing the spread of contagious disease by her timely precautions in places where she discovers its existence. By the way in which she does her work in the house in which sickness is present she can teach the principles of home nursing, and certain of the laws of health as regards proper clothing, the best methods of preparing food most suitable to the various conditions existing in health and disease, how to recognize certain adulterations of the more common articles of diet, how to guard against infectious disease, and how to meet emergencies. As a profession, as times goes, we shall more and more be called upon to arrange organized nursing forces with which to aid in meeting any great public calamity or violent epidemic of disease; while, at the same time, each individual nurse is expected to do her share on all occasions where her presence is required, even at any risk to her life.

Such are some of the responsibilities towards the public which every graduate takes upon herself—responsibilities which call for a special fitness to be supplemented by a special training. And after years of toil, after nurses as individuals, and as a united profession have shown themselves to be necessary for the public welfare, it will most assuredly come about that more and more people will come to the conclusion that capability in nursing does not come by chance, and that a natural liking must be supplemented by education and practical training; they will gradually appreciate the fact that a trained nurse has spent time, money and much physical effort in acquiring her education, that the mental and physical strain of the work are more arduous than perhaps any other kind of work done by women, and, therefore, that this expenditure deserves suitable recognition at their hands. The friends of the sick will understand that she nurses a succession of patients, not only one in a lifetime, and that if she exhausts all her latent energies on their dear one by devoting herself day and night to caring for him without proper rest, food and exercise, she will be in no possible condition to go on to some other sufferer, and do equally well; and that if she makes the attempt too often she finally ends in breaking down physically so as to be obliged to discontinue her

work, so that the public loses the services of a valuable public servant through its own selfishness and thoughtlessness in overtaxing her. Moreover, as time goes on those who were ever ready to criticize her efforts and to treat her as an interloper, will gradually learn that the world is better and happier from her presence, and that absolute perfection and flawless work should not be demanded at all times from nurses while they remain mere human beings. On the other hand, those friends whose appreciation has often been shown by a not always wise enthusiasm may come to appreciate the fact that the best of us are liable to have our heads turned by too much adulation. Nor will her name always be associated with sickness only, for in a majority of the movements for the betterment of the masses the training of the nurse will fit her to take a useful share.

It is only by utilizing all the means at our disposal and by a steady application, which is ever seeking to add to our known resources others which are gradually being developed, above all it is only by doing our work for the work's sake, that we can hope to obtain the best and the most far-reaching results, and cause our chosen profession to stand out as a beacon, ever kept bright by the light of our choicest personal endeavors which will cause it to shine with a penetrating and attractive light, towards which all, who, when in physical and mental suffering, need to be ministered unto, may turn with the full assurance that they will not do so in vain.

ISABEL HAMPTON-ROBB.

PRACTICAL POINTS IN EMERGENCY NURSING.

Presence of mind, good judgment, promptness of action and the ability to make use of the material at hand are essential qualities in the treatment and nursing of emergency cases. Tanner says, never to wait for a remedy, however perfect, if an imperfect one is at hand. That is best which is readiest, the grand rule being to lose no time.

Every case presents its individual points; to see at a glance what is required, to place the patient in the position of greatest ease, to handle with skill and care, to speak in an assuring manner, and to anticipate the wants of the surgeon or physician, is a large part of the routine work in an Emergency Hospital.

The ambulance comes to the door, the stretcher is brought in with a man lying on it unconscious, livid in color, a slow pulse, heavy breathing and a strong odor of alcohol. The orderly summons the House Surgeon, the nurse places the stomach tube

in a basin of warm boracic solution, has an empty basin, a jar of sterilized vaseline, a pitcher of warm water, and a couple of clean towels in readiness at once. Before removing him from the ambulance stretcher the patient's stomach is thoroughly washed out. If he is still unconscious he is put in bed, turned on his side—*never leave an unconscious patient alone lying on his back*—well covered with blankets and is allowed to sleep it off; when he will go on his way "to return again some other day."

Unconsciousness may be produced by something more difficult to deal with than alcohol, say carbolic acid, opium, gas poisoning, etc. The stomach pump, whiskey, the hypodermic syringe, strychnia, atropine, a pitcher of saline and a rectal tube are again in readiness. If it be a gas poisoning, a bed is prepared in front of an open window and the air allowed to blow directly upon the patient; care being taken to close the window when a sweat comes on.

There is a hurried ring at the door, a man comes in with a white and frightened face, and says, "Oh, I have killed myself, I have just taken a dose of iodine by mistake!" The word iodine is no sooner mentioned than the nurse mixes a tablespoonful of corn starch in cold water, fills up the glass and tells him to drink that down, and he will be all right; and he likely will be, after his stomach has been well lavaged.

A burnt hand is plunged into boracic solution 1-40, the patient told to sit down and keep it there until the "fire" is out of it, the solution being kept cold in the meantime. With a badly burned foot and leg the patient is put at once to bed, the clothing on the injured side ripped up, some yards of sterilized lint wrung out of boracic solution and wrapped around the burned part; this is covered with oiled muslin. The foot and leg is slung in a cradle, by means of a many-tailed bandage, and cold boracic poured in about the part every fifteen or twenty minutes until the pain has ceased. For a burn of a large area the patient is put immediately to bed, the clothing cut off and the dressing applied as quickly as possible, namely, wet boracic to the extremities, and a greasy dressing to the trunk and face. A burn from a strong acid is covered with a wet dressing of a saturated solution of soda bicarbonate, whereas a burn from an alkali, such as liquor ammonia fort, caustic potash or soda, is treated with vinegar and water.

When an artery is cut, and has been dressed with a dirty handkerchief covering the wound, and a string tied around the limb, the nurse first applies the tourniquet, then cuts the string, removes the handkerchief and wraps the wound in a warm bichloric towel, while basins and tables are got in readiness for the further dressing.

For a mangled foot or hand, or a limb that has come in con-

tact with the deadly "planer," the patient is lifted off the stretcher on the long dressing table, the clothing cut well away from the injured part, the regular tourniquet replacing the one of rope or strap, a large white rubber sheet is placed *under* the injured limb and *over* the well one. The assistant nurse gets out the anesthetic tray, places in position the tables, basins, the instruments hurriedly sterilized by means of pure carbolic and hot sterile water, basins of warm solution with scrub brush and green soap and gasoline to cleanse the part. While the staff surgeon and first house surgeon are scrubbing up and getting into sterile gowns, the assistant house surgeon begins the anesthetic, the head nurse commences the cleaning of the limb, gently, with downward strokes of the brush, soft sponge and warm solution. A warm blanket covered with a sterile sheet is thrown over the body of the patient. Plenty of dry and wet sterile towels are on hand, and in almost less time than it takes to tell the limb is ready for amputation, if necessary. There is no such luxury as a *first, second* and *third* nurse in an emergency dressing room. One nurse has frequently to manage a major operation. She succeeds by prompt watchfulness in keeping instruments, sponges and solutions at the surgeon's right hand, and anticipating what is to be required, or, in other words, *keeps one step ahead of the surgeon, and not one step behind him.*

An emergency nurse must be an expert bandager. She must know how to pad a splint neatly and evenly, and how to apply the same; to apply a "scotch-sheet" for a fractured femur and fit it like a glove; to make pressure for venous and arterial hemorrhage with a knotted or figure of eight bandage; to make pressure and give support in sprains and contusions; and to apply the bandage always so that it will give the greatest comfort and stay on for days or weeks if necessary.

Emergency work is a broad subject. A volume could be written upon it. A few years spent in a hospital devoted exclusively to first aid, and where hundreds of cases pass through the dressing room every month, will give an all round and a liberal education.

ELIZABETH CAMPBELL GORDON.

JOY in one's work is the consummate tool without which the work may be done indeed, but without which the work will always be done slowly, clumsily, and without its finest perfectness.—*Phillips Brooks.*

THE MEANING AND BENEFITS OF STATE REGISTRATION.

The subject of State Registration for Nurses has been discussed much of late by those prominent in the nursing world. In Great Britain and Ireland it is a burning question. In the United States they have succeeded in having bills passed in several States; and in a number more they hope to record a victory within the next few months. In South Africa legal recognition was given to nurses in 1891. In 1901 a good bill was passed in New Zealand.

It is, we think, high time that the nurses of Canada began seriously to consider this most important subject. In nothing that concerns the best interests of our calling would we lag behind our sisters of other lands.

For a long time there has been a growing feeling that something should be done to mark the difference between properly trained nurses, and those who are only partially or very indifferently trained. By a properly trained nurse is meant one who has had good practical experience in a hospital which undertakes the care of medical, surgical, gynecological and obstetrical cases. Besides the constant nursing of these cases, with daily bedside instruction, there must be lectures on these and other subjects by physicians who are considered authorities. Much private study must also be given to the manuals written for nurses on anatomy, physiology, hygiene, materia medica, dietetics and the science of nursing. The nurse must be thoroughly up in the manner of preparing patients for operation, and also understand how to wait on the surgeon during operations.

For this mass of work the study, the lectures, the diet kitchen, the operative technique, and last, but by no means least (in fact, first in importance), the daily nursing in the hospital wards; certainly no less than two years are required. Many of the best schools now say three. The holidays are so short that this means about thirty-three months of constant and very arduous work, which equals four years of university work in time and in stress.

Now, contrast with this the training given in some so-called schools of nursing, where the whole course (one year) might be taken, and a certificate granted, to a girl who had never seen the inside of a hospital, or had anything to do with a serious case of sickness. The instruction is all given by correspondence; at the end of a year certain questions are written, and if properly answered (and a good sum of money paid to this "nursing school") a certificate is granted, and this girl is turned out a "trained nurse."

Let us imagine for a moment a girl of eighteen on one of our Ontario farms, with little experience of life, and none at all of sickness. She pays her money to some person in the State of New York, receives these instructive letters, studies them carefully, and so is prepared to answer the written questions sent her at the end of the year. Suppose her perfectly honest, and with all the knowledge contained in the letters. The certificate comes, and she starts out to care for a very sick typhoid patient. Think of her trying to give a sponge bath, never having seen one given—a hypodermic, an enema, a catheterization. Indeed one cannot think of her doing any skilled nursing at all.

There are also the hospitals which are devoted to one class of patients, where a good general training cannot be obtained, or very small general hospitals. I have known one of thirteen beds which granted certificates to nurses. Where the cases are so few the nurse's experience must be limited.

In these two kinds of hospitals the authorities usually find great difficulty in getting good nurses, unless they are willing to pay fairly well for them. So a training school is instituted, and a certificate offered as an inducement, and in this way they get their nursing done cheaply.

Then there is the woman who has been in a good school for part of a course, and has perhaps been dismissed for misconduct. She dresses herself in correct gown, apron and cap, and in this way imposes herself on the uninformed public as a trained nurse. I have quite often been told, "Oh, yes, she is a trained nurse, she wears the uniform."

Now, have I made out my case at all? Is it fair that these "nurses" should bear the same name, have the same serious work entrusted to their care and reap the same reward?

It is unjust to the public, who, when engaging a trained nurse, has a right to expect her to be able to meet all the nursing emergencies of serious illness. The patient and her friends can readily tell if a nurse is acceptable in her manner; but cannot as easily judge if her knowledge and skill fit her for the trust reposed in her.

It is unjust to the properly trained nurse, because she has given so much time, so much study, and so much hard labor to acquire her knowledge.

It is unjust to those wishing to qualify as nurses, for they are often deceived into believing the easier and shorter training is all that is necessary to fit them for their life work.

CHARLOTTE EASTWOOD.

(To be continued.)

The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

Vol. I. TORONTO, MARCH, 1905. No. 1

Editorial.

FOREWORD

The Canadian Nurse will be devoted to the interests of the nursing profession in Canada. It is the hope of its founders that this magazine may aid in uniting and uplifting the profession and in keeping alive that *esprit de corps* and desire to grow better and wiser in work and life which should always remain to us a daily ideal.

For the protection of the public and for the improvement of the profession The Canadian Nurse will advocate legislation to enable properly qualified nurses to be registered by law.

The policy of the magazine will be directed by the committee on publication, and the business department will be conducted on business principles. The Editors will be glad to receive manuscripts, and those accepted will be paid for on publication.

THE ONTARIO GRADUATE NURSES ASSOCIATION.

The objects of this Society are to promote the welfare and uphold the honor of the nursing profession for the benefit of the nurses and the public whom they serve.

The first step in this direction is the establishment of a standard of education, fitness, and ability, and through legislation, the maintenance of such a standard, and all nurses who wish to promote the dignity and usefulness of their profession should hasten to help forward the attempt to secure legislation. The Registration Bill should secure, as far as possible, thorough training and professional ability among registered nurses. Is it reasonable to expect a nurse graduating from a hospital where a limited training is given (for instance, a hospital devoted entirely to infectious or contagious diseases), to be able to do general surgical or medical work? Is it right that graduates from such hospitals should stand on exactly the same basis as those who have given two or three years' of hard work and study to obtain their professional standing? Is it fair to the public who have no means of discriminating between ability and incompetence? Graduates from hospitals which handle specialties only should have, at least, one year's training in a general hospital, and have the equivalent of a High School education to qualify for registration. Legislation will not affect any person nursing the sick who does not assume to be a trained or registered nurse.

The Association meets early in April, and the draft constitution calls for considerable amendment:

1. The name.—Would not this be improved by changing to "The Ontario Association of Graduate Nurses?"

2. Graduates from recognized hospitals should have equal rights, as regards eligibility for membership and offices.

3. The Board of Directors, or Executive Committee, should be increased by adding an Advisory Board of, at least, five members to the present number of officers. There should also be a Nominating Committee. These are a few changes which should be made in revising our constitution. We hope to see the high status of nursing in Ontario greatly improved, and the work is only just begun when legislation is obtained.

THE CENTRAL REGISTRY.

The trained nurse of Toronto has long felt the need of a Central Registry. Physicians have also felt this need, and recently asked that a representative from each hospital Training School in the city be present at a meeting of the medical profession, in their new library, 9 Queen's Park. This meeting was held on January 18th, and the Training Schools then represented were St. Michael's, Grace Hospital, the Sick Children's Hospital and the Toronto General Hospital.

After showing the representatives through the beautiful library, the meeting was called to order, and the chairman stated briefly the object of the meeting, and said that they would give the use of a room, light, etc., also the use of the large room for alumnæ meetings, and they would make use of the Registry entirely. The conditions are that the nurses should be responsible for the registrar and telephone. The representatives saw at once the importance of this offer, and the necessity for immediate action. Should we be able to carry this offer into effect it will bring all qualified nurses in the city into closer contact with the medical profession, and simplify matters, making a very easy system. It is inconvenient for a doctor to be obliged to call up different homes to find the nurse he particularly wants. To have one Central Registry for all qualified nurses would lessen the difficulty. It need not interfere with the nurses' registries already in operation, as, no doubt, some doctors may prefer to use them.

The Central Registry, if supported by two hundred nurses, would be able to pay the salary of the registrar and the telephone, and if the members should exceed two hundred, the proceeds would go into a general fund. Prospects of club rooms where the nurse could spend a social hour rise up pleasantly before us. Co-operation means much to the profession. Nurses of the various training schools being brought together, exchange ideas, find higher aims and acquire true culture of mind and heart. This step would, no doubt, advance state registration and legislation.

When this Registry is in working order, and we trust it may be soon, it will be our duty to register at once, thus showing our appreciation of this opportunity and all it means.

Correspondence.

LETTER FROM WINNIPEG.

FEBRUARY 6TH, 1905.

In Winnipeg (which now has a population of 97,500), we have a registry in connection with the College of Physicians and Surgeons of Manitoba, and their librarian is also our registrar. The office is in connection with the Medical Library, and is situated in the central part of the business district, and was really started by the physicians, who found it very inconvenient to call up so many telephone numbers. All the doctor has to do now is to call up the Medical Library. Miss Stewart, the registrar, finds a nurse, and sends her out to the case, or asks the nurse to call up the doctor, as may be required. Each nurse goes out in turn, unless a special request is made for a particular nurse. This method simplifies matters immensely. Nurses may have rooms in any part of the city, and even if the house they are in has no telephone, a messenger boy is always despatched in that case by Miss Stewart.

The roll gives 110 fully graduated nurses on the list. The charges are $4 a year for registration. There are also a few nurses who are trained in obstetrics or massage only. The nurses' prices are all the same, $18 per week for ordinary cases, and $21 for infectious cases.

During the past fall and winter Winnipeg has suffered from a severe epidemic of typhoid, and we have not been able to obtain sufficient nurses to attend the calls, so that the doctors, unfortunately, added an "untrained" nurses' list to the registry.

The social side of the registry is the Trained Nurses' Association, which meets once a month to listen to a lecture by one of the physicians on current topics of medicine, and last year we started a Sick Benefit Fund in connection with the Association and were enabled to assist our nurses.

Any graduate who thinks of coming to Winnipeg, should first write to Miss Stewart, Medical Library, McDermott Street, Winnipeg, or when in the city call at the office before looking for suitable rooms, as Miss Stewart usually has all the lists, and much valuable information at hand, and is ready to do all in her power for newcomers.

An interesting feature of the present typhoid epidemic is its relation to the old Red River fever, so-called by the older settlers. The old proverb runs, "once taste the Red River, and you'll never leave it," that is, new settlers invariably had Red River fever, and providing they recovered they always remained true settlers; that is, if they did "pull up stakes" and go,

they usually returned in a few years' time. The West has a fascination for the young which never leaves the older they grow.

Another curious feature is that the epidemic has been more severe amongst the better class of houses in the South End, and finally, it was remembered that in the 70's the settlers established a "Pest House" for the Red River fever victims near the banks of the Assiniboine River, which joins the Red at the south end of the city, and last summer this ground (the pest house had years ago been demolished, over twenty years ago), was bought and foundations dug for the new C. N. R. shops and power house. Of the sixty men employed, forty took typhoid, with thirty deaths. Then the authorities suppressed further information, but it is supposed the whole number had it in more or less severe form. The type was at first the "walking type," which gave place to the hemorrhagic form. In all, the men would possibly only be sick in bed from three days to a week before death.

The civic authorities have had Professor Jordan from Chicago and Professor Hazen from New York to look into the sanitary conditions, and we are anxiously awaiting their reports.

Amongst my typhoid patients by far the best results have been from the soap and water *warm* all-over bath, night and morning, and *warm* sponge instead of cold when temperature went up. The warm sponge usually produced a short nap which greatly aided nature, whereas I found the cold sponge made my patient more restless and nervous. This may have been due to the intense cold we have during the winter months, so that the reaction is slow after a cold sponge.

A. Maud Crawford.

Society Reports.

MINUTES OF THE ALUMNÆ ASSOCIATION.

Nurses' Residence, Toronto General Hospital,
January 10th, 1905.

The Treasurer's report showed $163.00 in the Alumnæ Fund, and $408.93 in the Sick Benefit Fund.

The following are the members of the Sick Benefit Committee: Misses Toye, Gladstone and Clara Brown.

The Journal Committee reported that advertisements to the amount of $190.00 have been promised. If $300 can be reached, that amount will cover expenses. Estimate from Methodist Book Room $27.00; may reach $50.00 for size and style we require.

Moved and carried that THE CANADIAN NURSE be the name adopted.

Moved by Miss B. Crosby: "That we undertake the JOURNAL, placing our pin on the cover, and that while keeping the management in our own hands we make the other Alumnæ Associations feel they are welcome to work with us." Carried by standing vote. After some discussion it was moved and carried that THE CANADIAN NURSE be published quarterly at 50 cents a year, and 15 cents a sigle copy for the first year.

Moved by Miss Mitchell that we have a Publishing Committee with our President as convener, allowing her to select her own committee, which must not be less than five; allowing them to settle matters regarding editorship and departments amongst themselves. Carried.

Incorporation discussed, but left over until next month for decision.

The President reported that the annual reports were held over until after this meeting in order that the consent of the Alumnæ might be obtained to enclose with the report a circular soliciting subscriptions to THE CANADIAN NURSE. Carried.

Miss Tweedie moved that a committee of six be appointed, Miss Bowerman convener, and choosing her confreres, to interest graduates in legislation, inviting them to attend and take part in discussion connected therewith at our regular meetings. Carried.

A resolution appreciative of the work of Miss Julia Stewart for the Association was moved by Miss Hargrave and carried unanimously.

FEBRUARY 14TH.

A number of graduates of other hospitals were present by invitation.

The JOURNAL Committee reported the outlook as satisfactory.

Report on Incorporation—Miss Crosby reported that incorporation would not necessarily limit our work but would secure the workers from personal financial loss if any part of our work fail. It is left to a committee of five to decide for us for or against incorporation.

Miss Lennox reported *re* proposed "Central Registry" that no further progress had been made.

Miss Barwick presented a paper on the Johns Hopkins Registry.

Miss Coleman's letter *re* the endowment of a Chair of Hospital Economics in Columbia University was read. It was moved and carried that we take up a subscription by voluntary contributions. Miss Roberts was appointed to collect the money for Miss Coleman.

There were six applications for membership.

J. A. BEGG, Secretary.

Hospital and Training-School Items.

IN CHARGE OF MISS HARGRAVE.

At the last meeting of the Alumnæ Association of the Sick Children's Hospital, a committee was formed to draft a constitution for a Sick Benefit Fund. Mr. John Ross Robertson, in the name of the trustees, has promised to give a room in the hospital, and also a room in the isolation part of the hospital for the use of all graduate nurses of the S. C. H., who are members of the alumnæ, and for all time. The Alumnæ Association intends to furnish these rooms. This society is growing steadily in interest and numbers this year, there being eleven new members to propose at the meeting held on Saturday, February 11th. The year promises to be a prosperous one for our Alumnæ Association. It is to be hoped that the formation of the Sick Benefit Fund will encourage a large number of out-of-town graduates to join the Association. The alumnæ meetings are held at the training school, on the second Saturday of each month, at 3 p.m. The past month has been a busy one for the Hospital for Sick Children. During the month sixty-eight patients have been admitted. The total number of patients at present is one hundred and fifty-seven.

The graduating exercises of the Royal Alexandra Hospital of Fergus, of which Miss Estella L. Gunn is Superintendent, were held on January 3rd, 1905. The occasion was a very interesting one, and the following ladies received their diplomas: Miss E. T. McWilliams, Fergus, Ont.; Miss Ruth A. Buckland, Fergus, Ont.; Miss Nellie Johnstone, Hillbrook, Ont.; Mrs. Millicent Bell, Arthur, Ont.

A well attended and enthusiastic meeting of the graduates of the Galt Hospital Training School for Nurses was held at the hospital, on Tuesday, February 7th, when an Alumnæ Association was formed. A constitution and by-laws were adopted, and the following officers were elected: Hon. President, Miss Robinson; president, Mrs. Jas. S. Wardlaw; vice-president, Mrs. John Taylor, jr.; secretary, Miss Scrimger; treasurer, Miss Bainard. The association will meet on the first Tuesday of each month.

On January 17th the graduate nurses of the Riverdale Hospital, assisted by Mrs. Paffard, late president of the Toronto General Hospital Alumnæ Association, formed an Alumnæ Society. A constitution and by-laws have been adopted. The officers are: President, Miss Kate Mathieson; vice-president, Miss Alma Murray; secretary, Miss Kathleen Scott; treasurer, Miss Elizabeth Argue. We wish them every success.

Miss M. Y. E. Morten, superintendent of the General and Marine Hospital, Collingwood, writes that they will open a new wing in May, containing operating, anesthetic, wash, sterilizing and recovery rooms. Also a new male ward with accommodation for sixteen patients.

A St. Louis, Mo., paper recently reported that the St. Luke's Hospital, under the management of Miss Gregory and Miss Isaacs, was a haven of rest and comfort, and an ideal hospital in its management and equipment.

Miss Grace Flaws ('95), late of the Kingston General Hospital, has been appointed superintendent of the Butterworth Hospital, Grand Rapids, Mich.

Miss Elizabeth Gordon, late of the Emergency Hospital, Toronto, has succeeded Miss Flaws as superintendent of the Kingston General Hospital.

Miss Isaacs, night superintendent of St. Luke's Hospital, St. Louis, will visit Toronto shortly.

Mrs. Annie E. Bolton is now R.N. (registered nurse) of the State of New York. She is residing at 152 W. 65th Street.

Mrs. Badger (nee Price) is visiting in Toronto.

Miss Margaret McMillan has been called to Alberta, N.W.T., to nurse her sister, ill with typhoid fever.

Miss Maud Davis ('97), who has recently been ill with typhoid fever, has resigned her position as superintendent of the Renfrew Hospital, and has gone South for the winter.

Miss May Bastedo (1900) has taken charge of the hospital in Hattiesburg, Miss., U.S.

Mrs. Arthur Gibb (nee Holmes), of Port Arthur, was in Toronto last month.

Miss Evelyn Dickens (1903) has resigned her position as night supervisor of the Toronto General Hospital to take charge of Dr. Herbert Bruce's office.

Miss Lena Rogers addressed a mothers' meeting in Boston recently. Miss Rogers is a graduate of the Sick Children's Hospital, Toronto, and is superintendent of the Public School Nurses of New York City.

Miss Jeanette Neilson (1897) has taken the position of night supervisor of the Toronto General Hospital.

Miss Isabel Turner has resigned her position as superintendent of the City Hospital, Vancouver, B.C.

Miss L. Fraser (1896) has been taking a course in massage in Philadelphia, and returns this month to renew her work as private nurse in Birmingham, Ala.

Miss Clara Green (1891) is now superintendent of the General Hospital, Belleville, Ont.

Mrs. Echlin (nee Somerville) has left Winnipeg, and now resides at 176 Cottingham Street, Toronto.

Miss Christina Hall (1887), superintendent of Jamestown Hospital, N.Y., is spending three months in Europe.

Miss Snively, Lady Superintendent of Toronto General Hospital, is now convalescent after a severe attack of la grippe.

Miss Moody, graduate of the Sick Children's Hospital, is giving a course of lectures on massage to the nurses of the Home for Incurables, during the absence of Miss E. Turner, masseuse.

Miss Worden (nee Milne, '99) has left Slocan City, with her husband and little daughter, and has gone to reside in Calgary.

Miss Julia Stewart left Toronto in January to spend six months in Europe.

Miss Johnston, graduate of the Western Hospital, has been appointed superintendent of the new General Hospital at Battleford, Saskatoon, N.W.T.

Miss M. E. Hall (1900) is in Montreal for two months, visiting her old home.

Miss Daly (1900) is spending the winter in Washington, D.C., with her patient.

Miss Caroline Ross, who has been spending the last eight months in Clifford, has returned to town.

All the members of the last graduating class at St. Michael's Hospital are engaged in private nursing in Toronto.

Miss Knox and Miss Cameron, graduates of Grace Hospital, 1902, are at present nursing in the Southern Pacific Hospital, San Francisco, Cal. In this hospital the nursing staff is composed of graduate nurses.

Miss Knox goes to Port Simpson, B.C., in April, to take charge of the hospital for Dr. Kerton, late of the Grace Hospital house staff.

Miss McMillan, graduate of Grace Hospital, 1902, who went to California last fall with a patient, is now visiting friends there. She expects to return to town this spring.

Miss Walsh, president of the Alumnæ Association of St. Michael's Hospital, was married this winter to Mr. Richard Grier.

Miss Rowan, head nurse in St. Joseph's Hospital, Port Arthur, has returned to Toronto to take up private nursing.

Miss Virginia Hooey, an undergraduate of St. Michael's Hospital, was operated upon last week for appendicitis. She is making a good recovery.

MARRIED—On Thursday, February 9th, 1905, by the Rev. R. J. Moore, rector of St. Margaret's Church, Toronto, Mary Graham, daughter of John Duncan, Esq., of Richmond Hill, to Arthur George Holland, of Bowmanville.

DIED—On January 11th, 1905, Margaret Campbell, of the class of 1895, at Port Perry, of tuberculosis.

RE-OPENING OF WOODSTOCK HOSPITAL.—A new wing has been added to the Woodstock Hospital and the Hospital was re-opened on February 14th, on which occasion three nurses of the Training School received their diplomas. The city and county have contributed to the new wing, and Mr. J. D. Patterson, Miss Patterson and Mr. John Whicher have given liberal aid. The new and beautiful surgical ward is entirely the gift of Mr. Patterson. The members of the Women's Auxiliary of the Board have also done much for the Hospital. The Superintendent, Miss Frances Sharpe, is to be sincerely congratulated on the progress of her work. Dr. O'Reilly, Miss Snively and other visitors were present by invitation of the President, Board of Trustees and Women's Auxiliary. As we go to press a most interesting account of this occasion comes from a correspondent. We regret extremely not being able to print it in full. The account concludes with these words: "Of Miss Sharpe it may truthfully be said that she has been absolutely untiring in her interest and efforts, and many of her helpful suggestions which were acted upon have served to make the new wing of the Woodstock Hospital what it is to-day, as modern and well-equipped a building as there is in the land."

Book Reviews.

Practical Dietetics. By Alida Frances Pattee. 2nd edition. Pp. 300. $1.00. Published by the author at 52 West 39th St., New York City.

There are not many books which fill a place as well as this one. The author is a graduate of the Boston Normal School of Household Arts, and has been for ten years Instructor in Dietetics at Bellevue. She is not only thoroughly competent to deal with the practical aspect of her subject but is well read in the works of Thompson, Einhorn, Koplik, Holt and others, from which valuable quotations are given. This book is indispensable to nurses and physicians.

Obstetric and Gynecologic Nursing. By Edward P. Davis, M.D., of Jefferson Medical College. Pp. 402. $1.75. London and Philadelphia: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

Although this is a new book it has already reached a second edition. The author has had the assistance of several members of the nursing profession in preparing this excellent text-book, which is at once clear and scientific in language and thoroughly modern and reliable in every detail.

Hughes' Practice of Medicine. Edited by S. H. Brown, M.D. 7th edition. Pp 779. Philadelphia: P. Blakiston's, Son & Co. Toronto: The Chandler Massey Co.

This excellent work more than maintains its place as a convenient and comprehensive manual of reference for nurses and medical students. In the 1904 Edition over one hundred pages have been added. The Sections on Mental Diseases and on Diseases of the Skin, are worthy of special note.

Bacteriology and Surgical Technic for Nurses. Emily M. A. Stoney. Revised by F. R. Griffith, M.D. 2nd edition. Pp. 278. $1.50. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

Miss Stoney's Practical Points in Nursing and other contributions to the liturature of nursing, are so well known and so good that the present volume was assured of a favorable reception. It is remarkably complete and practical, *e. g.*, we find included a description of how to use Hot-Air Apparatus, etc. The Sections on the special work of the Surgical Nurse are very satisfactory, and the book is sure to be a favorite with the profession.

Practical Points on Nursing. By Emily M. A. Stoney. Pp. 466. $1.75. Philadelphia and London: W. B. Saunders & Co. Toronto: J. A. Carveth & Co.

This standard text-book on nursing is very well and favorably known to the profession. It is intended especially for nurses in private practice, and recent graduates could not have a better book for study and aid in their daily work.

The current number of the *Journal of the Royal Sanitary Institute*, a volume of over 1,000 pages, contains an interesting paper by Mrs. Bedford Fenwick, on "The State Registration of Nurses."

The Canadian Nurse

A QUARTERLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

VOL. I. TORONTO, JUNE, 1905. No. 2

SECOND MEETING OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The second meeting of the Graduate Nurses' Association of Ontario, was held in the Normal School, Toronto, on Saturday, April 22nd, 1905. The meeting was called for 2 p.m., but was rather late in commencing. Miss E. C. Gordon, President of the Association, occupied the chair and opened the meeting by asking the Secretary for the reading of the minutes of the last meeting of April, 1904. The Association was begun last year, but owing to the great amount of work in the forming of the Association it was impossible to complete the organization at the first meeting.

The minutes were read by Miss Bowman, who was acting Secretary, as Miss Stewart was unable to be present. A discussion took place, after the reading of the minutes, as to whether nine or six articles had been adopted. Miss Snively thought that only six had been adopted, and the report read stated that nine had been adopted.

The President spoke of the work before the meeting. It would be a great waste of time not to settle the articles definitely to-day, and she hoped the Constitution would now be completed, so as to prepare for incorporation. This would be necessary, as they could not stand as an association until incorporated. They were here to work together with the same object in view. There would be many little faults in the by-laws, etc., but there would be a committee formed to consider these by-laws, so that if there were some technical points that they would like to bring up it would be a waste of time to do so in the present meeting. Miss Gordon went on to ask the members to be considerate of her in the difficult position she occupied, and asked for their co-operation. Her interests were not one-sided, as she was also the representative of the East District. She felt that the East and West should stand together if their influence was to be felt. There has been a great deal done last year; to-day they must accomplish enough to put them on a footing for incorporation.

Miss Snively then spoke of the necessity of doing the work in a legal manner.

Moved by Miss Eastwood, and seconded by Miss Hodgson, that the minutes of the previous meeting be adopted. Carried by a vote of two-thirds of the members.

Miss Hamilton, Treasurer, now gave her report, showing a balance of $49.25 in the bank. This report was accepted.

The President here spoke a few words in appreciation of the services of Miss Hamilton during the past year, and the interest she had taken in the work.

The President spoke of the good work of the Alumnæ in Kingston, who had been the means of starting a home in Kingston. Peterboro' Alumnæ, under the leadership of Miss Robinson, had also accomplished a great deal. Grace Hospital, Toronto, during the past winter had brought themselves to be one of the first Alumnæ in the Province, and the Western Hospital, Toronto, although small, were very much alive. The Sick Children's Hospital, also of Toronto, had a membership of seventy at their last meeting. Then the Toronto General Hospital had a number of women who had been very deeply interested in the work. THE CANADIAN NURSE had been begun, and it had its beginning in the Toronto General Hospital, but it was only a matter of time before it would pass to other hands. Miss Gordon considered it to be a valuable journal, and she hoped it would be the organ in connection with their Association, and she hoped to have the interest spread from part of the Dominion to the other. In closing, Miss Gordon again referred to the work of completing the organization.

The Constitution was now taken up. The slip with the printed constitution was simply a draft of the constitution and was to be discussed. The President requested that the ladies would kindly write their motions, and that each speaker would only speak once on each motion, and thus save time.

(1) ARTICLE 9.—"There shall be Standing Committees: (*a*) Revision of the Constitution, (*b*) Legislation, (*c*) Publication and the Press, (*d*) Nominating Committee. The Standing Committees shall be composed of three (3) members, of whom the chairman only shall be elected at the Annual Meeting, and shall select her own colleagues."

Amendment.—Moved by Miss Robinson, seconded by Miss Eastwood, That the Standing Committee shall be composed of five members, of whom three shall constitute a quorum.

Miss Gordon.—It is a very good idea that the chairman should be allowed to choose her own committee, as we would have confidence in any one we would appoint as our chairman, and should allow her to use her own judgment in selecting her colleagues.

One of the ladies had another view, namely, that if the convener of each committee had her colleagues appointed for her it might broaden the interests, while if one chose the others the views of the members of that committee would be alike.

Miss Flaws moved that the chairman and members of the committee be elected at the Annual Meeting. Mrs. Aubin seconded this. The motion was then placed before the meeting as follows:

"The Standing Committee shall be composed of five members, of whom the chairman and members shall be elected at the Annual Meeting," the two points being combined and given as Miss Flaw's motion. Carried unanimously.

ARTICLE 9, Section (*a*) as in the draft, passed without discussion.

ARTICLE 9, Section (*b*).—"Committee on Legislation shall undertake any work coming under this head assigned by the President."

Amendment.—"The Committee on Legislation shall undertake any work assigned to it by the Executive." Moved by Miss Lennox, seconded by Mrs. Paffard. Carried.

ARTICLE 9, Section (*c*).—"The Committee on Publications and the Press shall see that all reports and communications meant for the public are properly brought forth, and shall keep a record of the same."

Moved by Miss Green, seconded by Mrs. Bruce, That this clause (*c*) stand as it is. Carried.

ARTICLE 9, Section (*d*).—"The Nominating Committee shall nominate officers and council for the ensuing year."

Moved by Miss Robinson, and seconded by Mrs. St. John, That clause (*d*) be adopted as it stands.

ARTICLE 10.—"The order of business at meetings of this Associations shall be: (1) Roll-Call, (2) Reading of Minutes, (3) Report of Corresponding Secretary, (4) Report of Treasurer, (5) Report of Committees, (6) Elections, (7) Miscellaneous Business, (8) Adjournment.

Amendment.—Moved by Miss Eastwood, seconded by Mrs. St. John, That the meetings be opened by prayer for God's guidance, and that this be followed by the Lord's Prayer repeated in unison, and that a committee be appointed to have a suitable prayer formulated. (Thus making nine sub-divisions instead of eight, but not changing the article as above, except to add this clause.) Amendment carried.

Miss Gordon now proceeded to read the draft of the Constitution of last year. After reading the first article, *re* the name of the Association, she remarked that some had suggested that the word Ontario be changed to Dominion, but she explained that under the British North America Act all educational matters come under Provincial jurisdiction, and it would thus be necessary to keep the word Ontario in the name, as their Association came under the head of educational matters.

The President then went on reading the other articles until she came to the article on the eligibility of members. She remarked that some years ago the medical men of Ontario were compelled to seek legislation. Everyone holding a diploma of any school was recognized by the Medical Association when he applied for registration. She thought that any nurse who was a graduate from a hospital of any size in Canada might be recognized as eligible for membership. There were hospitals for special diseases. The President had at one time spent some time in a hospital that was devoted to special diseases. She considered that these women who had devoted themselves to this cause were very excellent women, and stood on an equal footing with women who had graduated from different hospitals. Alumnæ had been formed in connection with these hospitals for special diseases, and they were

doing a good work. Many of these nurses had gone to New York to take a training in special branches. Miss Gordon urged the members one and all to take a broad view in considering this clause and not to draw hard and fast lines. She spoke of the good results accruing from the registration of hospitals in the States, and that the standard of the hospitals all through the States was being raised, as they could not be registered until they were prepared to fill the requirements of the law. Not only were hospitals required to have that standard, but also that their nurses should have standard examinations. In Kingston they had already anticipated that the school would be amalgamated with the University. In closing, she reminded the members not to shut off any of their sisters from registration.

The President now took the articles up separately at greater length :

ARTICLE 1.—*Re* the name of the Association. Miss Lennox's amendment to this was that the name be changed to "The Graduate Nurses' Association of Ontario," as there had been some misunderstanding about the Association being only for graduates from Ontario. Some of the ladies thought this change unnecessary, but the amendment, seconded by Mrs. Aubin, was carried by a large majority. The article will now read : "The name of the association shall be 'The Graduate Nurses' Association.'"

ARTICLE 2.—"The objects of this Association shall be the advancement of the educational standard of nursing ; the maintenance of the honor and standing of the profession ; and the furtherance of necessary legislation in the interests of the public, the physician and the nurse." Carried without discussion.

ARTICLE 3.—*Re* officers of the Association.

Amendment.—Moved by Miss Eastwood, and seconded by Miss Snively, that "the Executive shall consist of the officers, chairmen of Standing Committees, and nine directors (nine members elected from the floor)," making nineteen members in all.

Mrs. Paffard stated that the idea last year in making the article as printed was to have a small number of officers, so as to save trouble and expense.

Miss Snively suggested that in forming a large Executive, and putting on this Executive members from as many representative hospitals as possible, they would extend the interest of the Association, which was the main object of the society.

Miss Gordon thought it was easier to get the members interested by getting them in active work. Amendment carried by unanimous vote.

BY-LAWS.

ARTICLE 1.—*Re* election of officers.

Miss Snively thought there was apt to be a feeling in the Association, if the Nominating Committee was chosen by the Executive, that there was undue pressure from outside motives. She had an idea that it would, perhaps, be better for the Nominat-

ing Committee to be nominated from the floor, but wished to get other suggestions before making a motion.

Amendment.—Moved by Miss Haldenby, seconded by Miss Green, that "officers shall be elected by ballot, unless otherwise ordered by the Annual Meeting, nominations having been made by a committee appointed by the Association. They shall hold office for one year, or until their successors shall have been chosen." Amendment carried by majority.

ARTICLE 2, Clause (1).—Moved by Miss Robinson, seconded by Miss Snively, That Article 3 be adopted with the exception of Clause 3, which should be as follows: "Clause (3)—The Recording Secretary shall keep a correct record of the proceedings of all meetings of the Association. She shall notify the members by mail of all regular and special meetings of the Association, and she shall keep a correct list of the names and addresses of members. She shall notify applicants for membership of their acceptance or otherwise by the Association.

"The Corresponding Secretary shall conduct all correspondence and have charge of all books and papers, except those belonging to the Recording Secretary and the Treasurer, and shall keep a copy of all letters.

"The Treasurer shall take charge of all moneys, collect all fees and dues, and notify members of unpaid dues, and shall pay only such bills as are countersigned by the President. The Treasurer shall keep the funds of the Association in a chartered bank designated by the Executive, and in the Association's name."

Article 2 of the by-law passed with this amendment.

ARTICLE 3.—Discussion was animated on this article, as to who were eligible for membership. Miss Snively raised a point. She had read the history of the State Associations and had noticed they had four meetings a year. She said that some of the members were wondering how long they would have to wait for membership if there was only one meeting a year. She thought that the interest of the Association could be very much increased were the meetings more frequent; even if the whole Association could not get together, new members could be accepted. In closing her remarks Miss Snively asked the President to read the Constitution on this as printed last year, which was done. The suggested amendment was also read, which was as follows: "All nurses resident in Ontario, who have graduated from hospitals of any size having a standard of education equal to the Ontario General Hospitals, which give a training of two years or over, shall be eligible for membership. Each application for membership must be in writing, endorsed by two members of the Association, and must be approved by the Executive Committee of the Association."

Miss Eastwood asked what was meant by the term "any size." Miss Gordon replied to this by reading an article from the New York State Association, and Miss Flaws followed this with a suggestion from the Ohio State Association, showing how broad these Associations were in their ideas as to the eligibility of new members.

Amendment.—Moved by Miss Snively, and seconded by Miss Hodson, that the clause read as follows: "All nurses resident in Ontario, who have graduated from hospitals of any size; also from hospitals for the insane, which give a training of two years or over, shall be eligible for membership, each application to be in writing signed by two members of the Association and approved by the Association at any of its regular meetings." Carried unanimously.

ARTICLE 4.—*Re* Honorary Members. Miss Snively asked who would be eligible for honorary members. Miss Robinson thought that anyone who would give a contribution to the Association should be an honorary member.

Moved by Miss Snively, and seconded by Miss Hollingsworth, That the article be adopted as already made out. Carried.

ARTICLE 5.—*Re* Annual Meeting. Miss Eastwood suggested a morning and afternoon session. Miss Snively wanted to know if this was a convenient time to have the meeting, the Saturday preceding Easter Sunday. On the motion of Miss Sheppard, seconded by Miss Tilley, the clause was adopted as already in the Constitution.

ARTICLE 6.—*Re* Quorum. Moved by Miss Eastwood, and seconded by Miss Hollingsworth, that "the quorum should be increased, as the officers had been increased, and that seven should be required to form a quorum instead of three, as formerly thought of." This motion was carried.

ARTICLE 7.—*Re* Fee. Some of the members thought that perhaps $1 would not be sufficient, but as the Treasurer's report was satisfactory, it was moved by Miss De Vellin, seconded by Mrs. Parnell, that "the article be adopted." The motion was carried, embracing with it Article 8, which needed no discussion.

Miss Lennox moved that the Nominating Committee be appointed to nominate the Executive for the coming year, seconded by Miss Snively. The Nominating Committee elected were as follows: Miss Lennox, Miss De Vellin, Miss Haldenby, Mrs. Paffard, Miss Sheppard.

While the Nominating Committee withdrew to do their work, several minor matters were brought before the Association.

Miss Gordon asked that the fee be paid to the Treasurer only, and not to the President or any other member of the Association, as this had caused a great deal of trouble to the Treasurer during the past year. Miss Snively suggested that the fees be paid now while the Nominating Committee were out; also new members enrolled.

THE CANADIAN NURSE was now brought up by Miss Gordon, and subscriptions asked for.

A motion of thanks was also introduced by Miss Hodgson to Miss Hamilton, the Treasurer.

Miss Christie, Business Manager of THE CANADIAN NURSE, then read the following report:

The Publication Committee of THE CANADIAN NURSE have under consideration the advisability of extending its scope. Owing to its undoubted success, the enthusiasm it has aroused and its growing popularity, we have great hopes of having it made in

the near future a Dominion journal, and issued monthly. We are not in a position to make any proposition as yet, as that will require further consideration ; but it is hoped that this Association will adopt it as their official organ. We are ready to receive your financial support and would suggest the "JOURNAL" printing your constitution, members' names and report. All of which is respectfully submitted.

Moved by Miss Flaws, seconded by Mrs. Tilly, that "THE CANADIAN NURSE be adopted as the official organ of the Association." This was carried unanimously.

A few words were spoken by Miss Gordon *re* a ticket of application to be used by applicants for membership, and the members agreed that this ticket should be adopted.

On the motion of Miss Robinson, seconded by Miss Flaws, Miss Eastwood and Miss Hodgson were appointed to be a Committee to see about a suitable prayer to be used at the meetings in future. Carried.

The Nominating Committee now returned, and the elections took place, with the result as follows: President, Miss Gordon, Kingston ; First Vice-President, Miss Micklejohn, Ottawa ; Second Vice-President, Miss Mayo, London ; Corresponding Secretary, Miss Bella Crosby, 12 Selby St., Toronto ; Recording Secretary, Miss Mathieson ; Treasurer, Miss Hamilton, 481 Church St., Toronto.

Miss Gordon expressed her appreciation of the honor conferred on her, but said that it would be for the good of the Association that the Presidency change each year. She stated how pleased she was with the work accomplished at this their second meeting. The books showed a membership of eighty (80), and $25 taken in fees during the afternoon.

The Nominating Committee withdrew again to complete their work.

Moved by Miss Eastwood, seconded by Miss Hall, that "this Association affiliate with the National Council of Women." This was carried.

A question was raised by Miss Gorden *re* legal residence. The feeling of the meeting was that those who were not at present practising in Canada, but who had formerly been residents of Canada and practised here, should be admitted to membership if they desired to have their names enrolled in this Association. Some of the ladies thought that perhaps a separate clause might be put in the Constitution to this effect.

The fee for incorporation was also spoken of, but Miss Gordon thought that although the Government charged $100 as a fee, they were in the habit of handing this fee back to the Association.

The Executive was elected as follows:—Miss Snively, Miss Brent, Mrs. Yorke, Toronto ; Mrs. Tilley, Kingston ; Miss Coleman, Peterborough ; Miss Sharpe, Woodstock ; Miss Chilman, Stratford ; Miss C. H. Greene, Belleville ; Miss M. Morton, Collingwood.

Conveners of Committees—Press and Publishing, Miss Hodgson, Toronto ; Revision of Constitution and By-laws, Miss Julia Stewart, Toronto ; Legislation, Miss C. Eastwood, V. O. Nurses.

TREASURER'S REPORT, 1904, O. G. N. A.

Receipts for current year in fees		$79 00
Expenditure—		
Printing	$12 00	
Stationery	6 25	
Books	9 67	
Postage	6 52	
		$34 44
Balance on hand		$44 56

JOSEPHINE HAMILTON,
April 22, 1905. *Treasurer.*

CONSTITUTION.

ARTICLE I. — NAME.

The name of the Association shall be "The Graduate Nurses' Association of Ontario.

ARTICLE II.—OBJECTS.

The objects of this Association shall be the advancement of the educational standard of nursing; the maintenance of the honor and standing of the profession, and the furtherance of necessary legislation in the interests of the public, the physician and the nurse.

ARTICLE III.—OFFICERS.

The Officers of the Association shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary and a Treasurer. The Executive shall consist of the Officers, Chairmen of Standing Committees and nine Directors (nine members elected from the floor), making nineteen members in all. The Executive shall represent the Association and manage its affairs.

BY-LAWS.

ARTICLE I.—ELECTION OF OFFICERS.

Officers shall be elected by ballot, unless otherwise ordered by the Annual Meeting, nominations having been made by a Committee appointed by the Association. They shall hold office for one year or until their successors shall have been chosen.

ARTICLE II.—DUTIES OF OFFICERS.

1. The President shall preside at all meetings of the Association; she shall countersign all orders for the payment of moneys;

and may, in case of any vacancy, make all necessary appointments until the next regular meeting of the Association.

2. The Vice-Presidents, in order of their standing, shall preside at all meetings and discharge all the duties of the President in her absence.

3. The Recording Secretary shall keep a correct record of the proceedings of all meetings of the Association ; she shall notify the members by mail of all regular and special meetings of the Association ; she shall keep a correct list of the names and addresses of members. She shall notify applicants for membership of their acceptance, or otherwise, by the Association.

4. The Corresponding Secretary shall conduct all correspondence and have charge of all books and papers, except those belonging to the Recording Secretary and the Treasurer, and shall keep a copy of all letters.

5. The Treasurer shall take charge of all moneys, collect all fees and dues, and notify members of unpaid dues ; shall pay only such bills as are countersigned by the President. The Treasurer shall keep the funds of the Association in a chartered bank designated by the Executive and in the Association's name.

ARTICLE III.—MEMBERS.

All nurses resident in Ontario who have graduated from hospitals of any size, also from Hospitals for the Insane which give a training of two years or over, shall be eligible for membership ; each application to be in writing, signed by two members of the Association, and approved by the Association at any of its regular meetings.

(Form of application may be had from the Secretary).

ARTICLE IV.—HONORARY MEMBERS.

Honorary members shall be elected by a two-thirds vote at any general meeting of the Association, provided the candidate receive at least twenty votes. Honorary members may be permitted to take part in discussion, but may not vote or hold office.

ARTICLE V.—ANNUAL MEETINGS.

The Annual Meeting of the Association shall be held in Toronto on the Saturday preceding Easter Sunday, at such time and place as the Executive may appoint ; at least ten days' notice of such meeting to be given to each member.

ARTICLE VI.—QUORUMS.

At any meeting of the Association twenty-five members shall constitute a quorum, and seven members shall constitute a quorum of the Executive.

ARTICLE VII.—FEES AND DUES.

The Annual Fee shall be One Dollar (1.00), payable on admission, and thereafter not later than May 30th of each year.

All fees shall be payable to the Treasurer only. No member shall hold office or vote at any meeting who is in arrears to the Treasurer.

ARTICLE VIII.

This Constitution may be altered or amended at any general meeting of the Association or at any special meeting called for that purpose, provided notice of change proposed be mailed to each member at least thirty days before said meeting.

ARTICLE IX.—STANDING COMMITTEE.

There shall be standing committees on: (*a*) *Revision of the Constitution*, (*b*) *Legislation*, (*c*) *Publication and the Press*, (*d*) *Nominating Committee.*

The Standing Committees shall be composed of five (5) members, of whom the Chairman and members shall be elected at the Annual Meeting. Each Standing Committee shall report direct to the President upon request of the latter.

(*a*) The Committee on Revision of the Constitution shall report on any necessary or proposed amendments.

(*b*) The Committee on Legislation shall undertake any work assigned to it by the Executive.

(*c*) The Committee on Publication and Press shall see that all reports and communications meant for the public are properly brought forth and shall keep a record of same.

(*d*) The Nominating Committee shall nominate the Officers and Council for the ensuing year.

ARTICLE X.—ORDER OF BUSINESS.

The order of business at meetings of this Association shall be:

1. Roll-Call.
2. Reading of Minutes.
3. Report of Corresponding Secretary.
4. Report of Treasurer.
5. Report of Committees.
6. Elections.
7. Miscellaneous Business.
8. Adjournment.

9. The meetings shall be opened by prayer for God's guidance, followed by the Lord's Prayer repeated in unison.

THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.—(*Continued.*)

It is universally acknowledged that struggle, difficulty and privation are potent factors in the development of strong, loyal characters, and certainly this principle has been fully exemplified in the early graduates of this training school.

It has been the writer's privilege to know personally many of the nurses who graduated prior to her régime, a number of whom have been and still are engaged in Hospital work as Matrons or Superintendents. One has charge of a nurse's registry and one is a foreign missionary. Others are engaged in private nursing or are married and have homes of their own; and truly no more earnest, faithful, loyal nurses have ever been enrolled than those graduated in the years 1883 and 1884.

Nurses of the present day who are accustomed to the daily routine of hospital life may find it difficult to understand how a school of thirty-four nurses such as existed in December 1884, could carry on its work and yet have no systematized order of work or study, no written orders for day or night nurses, no history records, system of exchange or requisition.

They may wonder how all night nurses could be changed on the same night, or smile at the thought of the nurse's temerity who expressed a wish as to the ward where she would work.

The thought of every night-nurse carrying a small coal-oil or kerosene lamp, placing it on the patient's bed occasionally, may cause a shudder, although no more serious conflagration ever happened than that of the night-nurse's cap. This event, occurring too often, led finally to the "cap" being omitted on night duty.

Strange as all this may seem, many of our graduates will readily recall these conditions and say, doubtless, "We only know that where this stood, upsoars the anthem, 'God is good.'"

No event in the early history of the training school caused such satisfaction as the opening of the Nurses' Residence, which was completed and occupied in July, 1887. The parlors of the Residence were bright and cheery, and though plainly furnished, contained an upright piano (now the property of the School) and also the nucleus of a medical and literary library, the latter consisting of forty volumes presented on December 25th, 1884, as the gift of the late Honorable Mr. Justice Patterson, then Chairman of the Board of Trustees. The dining-room was comfortable and homelike, as were also the bed-rooms, which afforded accomodation for fifty-two nurses.

Unfortunately for the welfare of the School, however, the apartments of the Superintendent remained in the hospital, as the authorities were then of the opinion that this arrangement was best for the hospital. The error of this view has long since been demonstrated, every experienced worker will agree that, provided the Superintendent of Nurses is of the right sort, her presence is one of the essentials in the Residence. This error was corrected

when the addition of twenty-eight new rooms was made to the Residence in the year 1899, and the Superintendent's apartments were then removed from the hospital to the Residence.

At this time the entire Residence was re-decorated and furnished, and a new dining-room, library and lecture hall was added.

A Nurse's Residence, apart entirely from the hospital, designed and furnished, not only with a view to the health of the occupants, but also for comfort—how much this means to hospital nurses!

Their daily duties are carried on in scenes at once depressing and arduous, and if their residence is homelike and attractive, refined surroundings tend to produce refinement.

And "The Residence" in this instance, certainly more than any other one influence, has helped to develop, and maintain pride and affection in and for the school and all that it represents, and foster that *esprit de corps* without which no institution such as this can do the best work.

The furnishings of the hall and library, which are of Flemish oak, were the gift of the late Mrs. Frances French, of Davenport, Iowa, the mother of the well-known authoress, Octave Thanet.

This gift was a memorial to her son, the late Mr. Robert French, who died of typhoid fever in Toronto General Hospital three years previously. Many of the pictures which adorn the walls of the reception-room, are also gifts from various members of the French family, although several pictures in water color, together with the handsome clock and bric-a-brac have been presented from time to time by Mrs. R. B. Hamilton, of Toronto.

The latest gift, a beautiful mahogany piano, was presented by Mesdames Flavelle and Larkin, on Christmas, 1904, Mr. J. W. Flavelle being Chairman of the Board of Trustees, and Mr. P. C. Larkin one of the active members of the Board. It is certainly safe to say that the pleasure derived from this gift must be very great indeed, if one may be allowed to draw this inference from the fact that the piano is always in use, except during the times when night nurses are the first consideration.

Undoubtedly one of the chief factors in the development and advancement of a School for Nurses is the attention and effort expended in making the practical part of the nurse's work intelligible to her by means of theoretical instruction. It is in this particular that the various members of the Visiting Staff of the Hospital have manifested their practical interest, have ever loyally supported the authorities by giving of their experience and erudition as lecturers and examiners. Having sown bountifully, may they reap also bountifully.

For the last nine years the practical course in the hospital has been three years, and for the last year a preliminary course of four months' training in Domestic Science, Anatomy, Physiology and Hygiene before entering the Hospital, has been required. The final test consists of an examination—written and oral—before a Board of Examiners in such subjects as are considered essential in all recognized nursing schools of the present day.

During the last twenty years, if we may be permitted to exclude

three members of the School, who resigned because of hereditary predisposition to tuberculosis, there have been only two deaths in the Training School, while among the graduates, who now number 407, there have been only nineteen deaths during an equal period of time.

Any history is incomplete without mention of those who, because of brave deeds, noble self-sacrifice or loyal adherence to duty, have won the right to be enrolled among the illustrious. On this roll we rejoice to read, not only the names of many of our graduates who have left home, kindred and native land to carry the ministry of healing into the dark places of the earth, but also the names of not a few, who, in utter loneliness and weariness have bravely remained at the post of duty in times of direst calamity, when helpless sufferers were forsaken by every human being; yea, some who have been "faithful even unto death."

Among those who have gone to the foreign field, mention is made of Harriet Sutherland, now the wife of Rev. Dr. Hunter Corbett, M.D., Chee Foo, China; Leila Batty and Minnie Allen, China Inland Mission Hospital, Shanghai, and Teresa Miller of the same Mission, now gone to her heavenly reward; also Margaret McIntosh who, though she literally suffered the loss of all things, and was finally forced to leave the country during the late Boxer rebellion, nevertheless, returned to her work in the Province of Honan the following year; Henrietta McKim, who has been laboring for several years in the Church of England Mission Hospital, in Jalfa, Persia; Sarah Simpson, in connection with the Baptist, and Harriet Thompson, with the Presbyterian Mission, Central India; Helen Melville, in West Central Africa, and Kate McTavish in the Home Mission Hospital, Atlin, B. C.

During the year 1894, Margaret Cruikshank, a graduate of the previous year, responded to a call to nurse a case of small-pox in an isolated district not many miles from Buffalo, N. Y. The family of five had been quarantined, and one after another contracted the disease until all were prostrated. The mother, dangerously ill with small-pox, gave birth to a child, and then both mother and babe died. Alone and unaided this brave nurse remained at her post, not only doing the nursing but all other work, unable at times to obtain either food or rest, with absolutely no one to whom she could appeal for assistance; in fact, seeing no one save the doctor when he paid his daily visit, and the undertaker, who came repeatedly for the dead.

Minnie Ferguson, twenty-four years of age, went to nurse an elderly woman suffering from typhoid fever of a most virulent type; indeed, the son, the head of the household, and his daughter, a girl of fifteen years, had died a short time before, leaving the grand mother alone. The nurse arrived at this small village, found herself absolutely alone in the house with her patient, who could not be left a moment, owing to repeated hemorrhages. The neighbors could not be prevailed upon to render any assistance; consequently, had it not been for the thoughtfulness of the doctor and clergyman, the nurse would have suffered for want of food. Constant watching, insufficient food of the proper kind, loneli-

ness and grave resonsibility, however, proved to be more than this faithful nurse could endure. She died of typhoid fever ten days after being brought to the hospital. "Greater love hath no man than this."

True incidents such as these are more or less common in the lives of all nurses, but they are nevertheless worthy of being recorded, for the spirit of the age is commercial, and such examples are not only an inspiration, but they serve to show that it is the privilege of the nurse, as well as the physician, to be governed by principles of devotion and self-sacrifice rather than by the spirit of the world.

The nurses who have been trained in the Toronto General Hospital, now a goodly company, many of them separated by many miles from their *Alma Mater* and from each other, doubtless all look back with equal fondness to the old days of hospital life, notwithstanding the varied conditions which have existed since the organization of the Training School.

Twenty-three years have come and gone, bringing added improvements and added facilities, it is true, yet many difficulties still exist, and many problems still remain to be solved; indeed, the end of our dreams is not even yet in sight, nevertheless, this comfort remains:

"Count not God's plan defeated in the life
He gave to us, nor all our toil in vain
Because we are not victors in the strife:
Who bravely fights and nobly bears his pain
Wrests victory from defeat. Not what we win
But what we strive for, doth the Master heed,
If what we sought to be, we have not been,
Our striving may have helped another's need."

MARY AGNES SNIVELY.

The General Hospital, Toronto.

HOSPITAL SUPPLIES.

Qualifications necessary for the one who is to make the purchases—common-sense conscientiousness and justice. The greatest difficulty in the purchasing of hospital supplies is to find a man or woman who is sufficiently familiar with every department, to be able to discriminate in quality and value; and such are not found every day.

The purchasing agent might be an excellent judge in buying of meat, and an utter failure in purchasing of surgical supplies and hospital appliances.

Many kinds of hospital goods deteriorate in quality and value with time, and hence money is lost.

Buying goods of inferior quality because they are offered at a lower price is a leakage in many hospitals.

Intelligent buying requires planning and forethought and

study of conditions in the market. Volumes could be written on the question of prevention of waste in hospitals, and many of us could contribute from our own practical experience and observation what would help to lessen the expenditure, especially for food. Some hospitals dispose of their food garbage to contractors for stipulated sums.

In one hospital at least in Canada, where the white of the egg only is required for making drinks, the yolk is consigned to the garbage pail. Waste—wilful waste. The yolks should be put in water and sent daily to the kitchen where they could be used in the making of puddings, cakes, salads, omelets, etc.

Waste, breakage, misappropriation. How can these conditions be remedied or improved? No amount of worrying or scolding will improve matters—but if the value is known, then responsibility and economy will be practised.

The best and purest milk should be purchased, delivered in sealed, sterilized vessels. Paper bottles have proved very satisfactory and are highly recommended. Milk should not be kept in the same refrigerator with meat and vegetables.

Eggs are indispensable, and when they are most expensive cost even less than first-class steak.

Meat, a most expensive article of food, requires a real study. If one has good cooling facilities a side should be purchased. A good quality of beef should show elasticity on being pressed—fat, creamy looking; lean part, deep red of a fine fibre—coarse fibre means poor flavor. Veal may occasionally be added for variety. Mutton will rank next to beef. Chickens, young and old, are needed, the latter making the best broth and jelly. Fish helps in variety. Pork will occasionally have to be purchased.

Butter—there are so many substitutes that it needs to be selected with the greatest care. Potatoes should be purchased in fall when price is low, and stored in cool, dark place; green vegetables secured as needed. All the dry food products can be purchased in large quantities.

Poor storage facilities make it impossible for many housekeepers to buy wisely and economically, and when economical buying is expected sufficient arrangements should be made for good storage.

Surgical supplies—rubber goods purchased only as required, as they deteriorate rapidly. If one can buy surgical dressing materials direct from the manufacturer, the middleman's profit is avoided.

Buying poorly-made and badly-plated instruments is an extravagant waste of money.

Common-sense and watching the market values is the sum total of good hospital buying, and to be economical is creditable.

ALICE J. SCOTT.

Ross Memorial Hospital, Lindsay.

WINNIPEG GENERAL HOSPITAL.

About the year 1872 the people of Fort Garry (now Winnipeg) determined to begin a hospital. It started much in the same way as the cottage hospitals now dotting the prairies, with the exception of the all-important nursing staff. The beds were used just as occasion required, and there were very few beds where "any nursing" was required; it was done by convalescent patients.

From 1872 to March, 1884, when the original part of the present building was opened, the hospital moved from one part of the town to another, and finally, in 1882, the late Mr. McDermott presented the present site to the hospital directors; afterwards they purchased another piece of land adjoining the site, from the McDermott estate. There was not a very accurate report kept of the hospital until about the year 1880, when Dr. Lynch was appointed Steward, as there had been no necessity for any resident officials up to that time. During this year the work increased rapidly; a resident House Surgeon was appointed, and Dr. L. J. Munro combined the dual offices of House Surgeon and Steward, with Mrs. Martin as matron. During the years 1878 and 1879 the total number of patients treated was seventy-nine.

In 1882 tenders were called for the erection of the central portion of the present building, which was only completed in March, 1884.

In 1882 the first *nurse* was advertised for and Mrs. Sterling, a graduate from the East, was chosen head nurse. About this year, too, the dual offices of House Surgeon and Steward were separated, and Dr. Newburn was appointed the resident physician.

In 1883 two very important factors in the life of the hospital appeared, viz.: The Woman's Hospital Aid Society, for the supplying of linen, beds, bedding, clothing, etc., which to-day continues its good work, and the Medical College of Manitoba was founded, with clinics at the hospital.

When the new building was opened in 1884 there were about forty-five beds, with four female and one male nurse. It was not until 1887 that the training school was formed, under Miss Laidlaw, with six pupil nurses; at the present date there are eighty-four nurses with Miss Wilson as Lady Superintendent.

Number of patients treated—1884, 528; 1894, 1,417; 1904, 3,868. During this year the hospital had a large and modern addition built, so that now the beds number 270, with room for expansion. The resident medical staff consists of a Medical Superintendent with six House Surgeons.

As Winnipeg is one of the most cosmopolitan cities in the world, having people from all nations as residents or transients, and thousands of miles of country to draw from, one can easily understand the variety of patients and cases that are sent to the General Hospital, forming a good basis for clinics, as well as the training of nurses.

Besides the General Hospital, there is also another public

hospital situated across the Red River from the city of Winnipeg, in the town of St. Boniface. It also is a large building, having a new addition built this year, with a total of about 200 beds. Then there are several private hospitals and nursing homes, so that Winnipeg is well supplied in the matter of caring for the sick.

A. M. CRAWFORD.

Winnipeg.

THE MEANING AND BENEFITS OF STATE REGISTRATION.—(*Continued.*)

We nurses cannot do anything of ourselves to right these wrongs. We ask the Government to come to our aid. We want to get a law passed. All nurses whose training comes up to a certain standard should be registered, and should have the sole right to the name, "Registered Nurse."

We know also that it would not mean that every registered nurse would be an excellent nurse. The disposition of the woman counts for so much. But it would at least be a good guarantee to the patient, as to the nurse's knowledge.

We by no means wish to cut the ground from under the feet of the less favored nurses. Let them nurse when and where they please. But let there be a difference. Let them not rank with the thoroughly trained nurses. It is not just for them so to do.

Perhaps it is hardly necessary to say that all nurses who have graduated, or are at present in training, whose schools come up to the required standard, would register without passing any examination. But after registration has been obtained by law, all nurses entering for training would, at the the end of their school term, have to pass an examination set by some central Board for the whole province.

Any nurse could, of course, practise without passing this examination, but her standing would be lower than that of the "registered nurse."

The evils I have spoken of are now being felt, but if no action is taken they are bound to increase, and we must think of the nurses who are to come after us and of their future.

There are many points that have not been touched upon in this brief article, and it is wished that letters be written freely to the CANADIAN NURSE in regard to this important subject. Any one who has an idea to contribute, anyone who has a question to ask, write, and so by an interchange we may all become well informed on this matter.

This thing, which we really believe to be essential to our standing as trained nurses, cannot be accomplished by the few. The legislators are not going to pay attention to a handful. As a Sisterhood we must all strive together to gain this good.

CHARLOTTE E. EASTWOOD.

The Victorian Order of Nurses, Toronto.

THE SUMMER SESSION OF COLUMBIA UNIVERSITY.

It is desired to call the attention of all Canadian nurses to an educational opportunity which presents itself annually, not very far beyond the borders of Canada. Columbia University, in New York City has, as we all know, included in its curriculum a Course of Hospital Economics; and this Course has awakened so much interest at Columbia, that there are now given in the Summer School certain courses of lectures which bear on subjects relating to nurses' work and many of the practical problems of their daily lives, without in any way encroaching on the regular sphere of the Course in Hospital Economics. Each year the Summer School gives courses in Chemistry, Domestic Science and Physical Education, which contain much instruction for nurses and much interest for those who wish to enlarge their knowledge beyond the bounds already filled by the training school and daily practical experience.

Any nurse who wishes further information is requested to write to Columbia University, New York City, asking for the "Summer Session Announcement for 1905."

RUTH BREWSTER SHERMAN.

Baltimore.

[We have much pleasure in publishing the above, and regret that we cannot add extracts from Columbia University Calendar on account of pressure on our space.—ED.]

WHEY MIXTURE.

Whey Mixture, such as is used in the Baby Ward of the Hospital for Sick Children, Toronto, has proved by experience to be the most satisfactory Infant Food.

The following example is one of many that we could cite:

A baby ten days old was admitted, placed at once on Whey Mixture, which contained in this instance, fat 1 per cent.; and the baby gained steadily.

The preparation of the whey, and the feeding of the baby, have to be most carefully attended to, and one nurse is relegated to this duty a month at a time, to devote her whole care and attention to it.

WHEY.

(1) *Composition.*—Proteids, .94 per cent.; fat, .32 per cent.; sugar, 4.50 per cent.; salt, .65 per cent.; water, 93.59 per cent.

(2) *Uses.*—In acute and chronic indigestions it provides a particularly valuable form of proteid, viz.: a soluble and very easily assimilated lactalbumin. This albumen does not form curds and

is no tax upon the digestive functions. It is practically 1 per cent. in properly-made whey. Curds found in cases of whey dieting are due to caseinogen gaining an entrance to the whey through faulty technique in whey making—chiefly in allowing the curd to become broken up before straining, and also in using too much pressure in the straining process, or through the use of too-coarsely meshed muslin.

During an acute attack of illness whey alone is a suitable diet. As the attack subsides cream is added to bring the fat percentage up to the required level.

The basis of all calculation in the manipulation of the far percentage is the following fact: 32 per cent. cream ℥ i. to whey ℨ iv. gives 1 per cent. fat; the rest is easy since cream ℥ ii. gives twice as much, viz.: 2 per cent., and so on. The proteid percentage remains unaltered at 1 per cent.

When it becomes desirable to add caseinogen to a whey mixture, it is done by means of the following formula:

Fat—¼ the percentage you want = ℨ cream (32 per cent.).

Casein—3 times the percentage you want = ℨ of whole milk.

Sugar—$\frac{(S-4)}{10}$ = ℥ of sugar and

Lactalbumin (whey) add to ℨ x.

Preparation.—Take one quart of milk, heat to a temperature of 90°-100°F., not higher. Also take one Rennet tablet, dissolve in a teaspoonful of cold water. Stir this thoroughly into the warm milk, then set this aside in a cool place. In ten or fifteen minutes the milk will have solidified, and can be cut into inch and a half or two inch squares. After being cut into squares the whey comes to the surface between the squares, and the longer it stands the more whey there is. After it is allowed to stand about an hour both junket and whey are emptied into a sieve composed of two thicknesses of cheese-cloth over a hair-sieve. When the whey appears to have all drained through, usually in half an hour, it is heated to not less than 130°F. and not more than 150°F.; 140°F. is the best point. Then let the whey cool and it is ready for use.

Baby H—, aged 15 months, gets ℨ v. whey and ℥ vi. cream every 3 hours.

Baby T—, aged 3 months, gets ℨ v. whey and ℥ iv. cream every 3 hours.

Baby G—, aged 8 months, gets ℨ v. whey and ℥ iii. cream every 3 hours.

Baby O—, aged 2½ months, gets ℨ iii. whey every 3 hours.

H—, aged 9 weeks, gets ℨ ii. whey and ℥ ss. cream every 2 hrs.

Baby L—, aged 8 weeks, gets ℨ iiss. whey and ℥ i. cream every 2 hours.

Baby P—, aged 4½ months, gets ℨ iv. whey and ℥ iv. cream every 3 hours.

Baby W—, aged 4 weeks, gets ℨ ii. whey every 2 hours.

Baby A—, aged 13 months, gets ℨ vi. whey and ℥ vi. cream every 4 hours.

L. E. BRENT.

The Sick Children's Hospital, Toronto.

THE SCHOOL NURSE'S WORK.

In our land of sunshine and flowers, we have a busy bustling little city, Los Angeles, from which the angels send you greeting. Many call our part of the State "Manna Land." If we sometimes take life easy, we make up for it by the energy with which we work when the time for rest is past.

We are growing so fast that we outgrow our surroundings and improvements as rapidly as a child does its clothes. I boarded with a woman once who always made her children's clothing large enough for next summer. Los Angeles has never been able to get a pattern large enough to do that. Every year there has to be some change.

One of this year's changes was the appointing of a school nurse, who is to look after the welfare of the school children exclusively. The first work done in the schools was done by the "College Settlement" nurse. The work grew to such proportions that she could no longer handle it with the other work she had to do.

The school nurse is under the supervision of the health officer. She comes into the work under the civil service rules.

The work is particularly needed in those schools where the Russians, Spanish and Italians are in excess of the children of our own English-speaking people.

These people are like children in many ways. It is here that your work finds the most receptive soil. The absolute trustfulness with which they come to us, once we have won their confidence, is a great source of satisfaction to all who have this work in hand. For these grown-up children it becomes necessary to have some one whose business it is to show them, when help is needed, where and how to get it. This is the business of the school nurse.

Besides the ordinary cases of contagious diseases of childhood. there are many cases of eye, ear, nose and throat, and all manner of skin diseases. Of course all suspicious cases are reported to the health officer.

The school hours are from 9 a.m. to 3 p.m. During those hours I am in the schools attending to the various needs of the children. After the school is closed for the day I visit in the homes.

Vermin are a great source of trouble in this work.

Any nurse doing this line of work in this city should be either a linguist or a pantomimist, or both.

However, the best way is to make your people understand you are interested in them. This is soon demonstrated with no great amount of knowledge, if you yourself possess the great essential element—love of humanity.

E. M. THORNTON.

Los Angeles, California.

THE VICTORIAN ORDER OF NURSES IN 1904.

During the year ending December 31st, 1904, the Victorian Order in hospitals have cared for 2,892 cases, 519 of these being out-patients; the district nurses caring for 3,114 cases making a total of 6,006.

Number V. O. Nurses, December 31st, 91; number of probationers, 18.

The work of the hospitals in the West has increased tremendously during the past year. With one or two exceptions they are all overtaxed, cots being placed in the halls, and often the nurses being turned out of their rooms in order to accommodate patients. I do not think the people in this part of Canada can realize the difficulties under which the nurses work in some of the small western towns—no light but oil lamps, and oftentimes the only supply of water being in the basement of the building, and having to be carried to other parts of the hospital; in fact, in one case the water was brought to the building in barrels, and for two days last fall they were without drinking water.

A large number of the patients come long distances to be treated, one man who had both hands badly crushed riding 70 miles on an engine over an unfinished road. Had it not been for the V.O. in that little village he would have had 278 more miles (14 hours) to travel before he could receive hospital treatment.

Another case was that of a trapper, who was severely burned, and had to walk 16 miles to the nearest house. By the time he reached it he was also badly frozen, and then had to drive 30 miles to the hospital.

I think these two cases I have cited will give people a little idea of how necessary the cottage hospitals are to the people of the West.

Emergency hospitals will be opened at Arrowhead, a lumbering district on the Kootenay lakes, and on Rock Bay, 130 miles from Vancouver, where there are between three and four thousand loggers in the immediate vicinity. There is no doctor there, but two nurses and an orderly will be stationed in the hospital, and it is thought this little hospital will save many lives.

"Every solitary kind action that is done the world over, is working briskly in its own sphere to restore the balance between right and wrong. Kindness has converted more sinners than either zeal, eloquence or learning."—*F. W. Bart.*

The Canadian Nurse

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The Editors will always be glad to receive MSS. These should be written on one side of the paper only. A margin should be left, and the number of words indicated on each page. Articles accepted will be paid for on publication.

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Editorial.

ENLARGEMENT.

It is our hope that this magazine may be a truly representative one and the Committee on Publication are at present considering plans to secure the co-operation of all Canadian Training Schools and Nurses' Alumnæ Associations in bringing this about. It is earnestly requested that Superintendents of Training Schools and officers of Alumnæ Associations, as well as individual nurses, will without delay communicate their views on this subject to Miss Hodgson, the Assistant Editor, 82 Bloor Street West, Toronto.

THE GRADUATE NURSES' ASSOCIATION.

The Graduate Nurses' Association of Ontario has every reason for congratulation with regard to the annual meeting held on April 22nd, 1905. The attendance was unexpectedly large, thoroughly representative, members being present from every part of the province, one member coming from Grand Rapids, Michigan, for the express purpose of attending the meeting.

The session lasted four hours and in that time a very large amount of work was accomplished. The discussions were brief, but thorough, and characterized by the best of good feeling. It was remarked on all sides that there had been a wonderful development of capacity for conducting and directing the business of the Association. The officers and council form a strong and representative Executive, and while the work which lies before them is difficult, it may be confidently predicted that through the coming year the Association will continue to make the steady progress which has already characterized it. Of this the personality of the Executive, and the spirit of active interest which seems to animate the whole Association are sufficient guarantee. Much has been done, but much remains to do.

THE WASHINGTON MEETINGS.

The first week of May was "Nurses' Week" at Washington. In that beautiful city, favored by fine weather and perfect arrangements, the American Society of Superintendents of Training Schools for Nurses held its annual meeting at the Shoreham, beginning on May 1st, with the President, Miss Nevins, of the Garfield Memorial Hospital, in the chair. The meeting was opened with the invocation by the Rev. Mr. Pierce, of All Souls' Church, and the President's address which followed was a fine effort, giving the history of the Society since its founding in 1893. Among the topics discussed were "Economy in Hospital Work," "Training-School Libraries" "District Nursing and Post-Graduate Instruction."

The Nominating Committee, consisting of Miss Snively, Toronto; Mrs. Hunter-Robb, Cleveland, and Miss Maxwell, of New York, presented their report at the morning session of the second day, when Miss Goodrich, of the New York City Hospital, was elected President, and Miss Nutting, of Johns Hopkins Hospital, Secretary. The next meeting will be held in New York in April, 1906.

The fifth annual meeting of the Spanish-American War Nurses also took place in Washington at the same date, and on May 3rd both these organizations met with the members of the American Federation of Nurses at its first regular meeting as an organization, under the presidency of Miss Nutting, of the Johns Hopkins. This meeting was a great event in the history of nursing in the United States, and will have far-reaching consequences. Receptions and other social events were brilliant and successful. The unveiling of a monument to the Spanish-American War Nurses will long be remembered. Altogether these meetings were most helpful and inspiring.

THE CANADIAN NURSES' ASSOCIATION OF MONTREAL.

We regret that owing to other engagements the President of the Canadian Nurses' Association, Montreal, Miss Colquhoun, has not been able to favor us as she intended with an article for this number, giving the history of the Association. We hope to publish it in our September issue. The Association held the closing meeting of a successful season in April, when Dr. Byers lectured on "Ophthalmology." Other lectures of the course were as follows: "The Pulse," Dr. Morrow; "Diseases of the Stomach and Diet," Dr. Ridley MacKenzie; "Children's Diseases," Dr. Blackader, "A Nurse's Duties in Field and Base Hospitals," Dr. Birkett; "Tuberculosis," Dr. Richer.

PRESENTATIONS.

As this number was passing through the press, two presentations, of far more than ordinary interest took place at Toronto General Hospital. On May 25th, Dr. O'Reilly, who has so long been Superintendent, was presented by the other officials and the household with an engrossed address and a beautiful desk as a souvenir.

We take great pleasure in adding that on the following evening Miss Dougal, Miss Snively's valued assistant, was presented with a purse of gold by her many friends in the nursing profession. We heartily congratulate Miss Dougal and Dr. O'Reilly on these valuable new possessions and on the still more valuable old possession of kindly thought and memory in the great Institution where they have worked so many years.

Correspondence.

LETTER FROM MEXICO.

During the month of March and April we have had many severe cases of pneumonia, and there being only two graduate nurses and a man nurse, we have plenty to do, and are always on the lookout for emergencies from the smelters and the mines. The hospital is built in Mexican style, that is, with a patio (all doors opening and facing within), around which is a brick wall, about four feet wide. We have some trees and flowers, and 'tis very bright and cheerful. At present we have fourteen patients, all Mexicans, save one, a very sick typhoid. We have accommodation for twenty-three, including rooms for infectious diseases, and during the last year we have had two cases of small-pox—one very malignant, the other mild. The Mexican patients are so grateful and happy in the hospital that they do not care to leave when their time comes to go. Poor creatures, some of them have never before had a bed to sleep upon. Neither have they had all they wanted to eat, so 'tis no wonder they think the hospital a paradise, and they call the nurses "the white angels." Imagine trying to live up to a reputation of that kind; but the temptations here are not very great, otherwise even our Indian brothers might notice their mistake. Wishing you every success, believe me,

Yours sincerely,

E. THYNE THORNE.

Mapimi,
Est de Durango, Mexico.
El Hospital,
Cia Minira de Peñoles.

April 25th, 1905.

Hospital and Training-School Items.

IN CHARGE OF MISS HARGRAVE.

Hon. W. J. Hanna, Provincial Secretary of Ontario, to whose department belongs the inspection and management of all the public institutions, including hospitals, has, since assuming the duties of his new position, displayed great interest in all matters relating to the hospitals and charities of the Province. Some announcements which have appeared in the daily press in regard to his decisions in some hospital matters, have been most favorably commented upon and are indicative of what might be called a proper hospital spirit.

At the meeting of the Alumnæ Association of the Toronto General Hospital, held on March 14th, the Social Committee reported that a list of one hundred and seventy nurses, resident in the city, graduates of other than city hospitals, has been made. Some of them have availed themselves of our invitation to attend our meetings and will work with us to further legislation. The Women's Council will be asked to place legislation for nurses on their list of subjects for discussion at their annual meeting. Dr. Adam Wright addressed this meeting, at which thirty-eight were present. At the meeting held on April 11th a full report of the first issue of THE CANADIAN NURSE was given by Miss Mitchell. Compliments and congratulations have been showered on the first number. Many express the desire that it be enlarged to be a professional journal for all nurses in Canada. Miss Snively addressed the meeting. Attendance forty. On April 18th a special meeting was held, in view of approaching annual meeting of Ontario Association. The meeting on May 9th was addressed by Dr. MacMurchy. Miss Mitchell was appointed on Central Registry Board *vice* Miss Lennox, resigned. The next meeting is to be held Tuesday, June 6th (the *first* Tuesday in the month). A number of graduates of other hospitals were present at this meeting, as well as several new members.

THE HOSPITALS OF ONTARIO.—The Annual Report of the Inspector of Hospitals for Ontario has just been issued, and is full of interesting items in regard to the institutions of the province. While the hospitals have been doing more work than ever before, regret is expressed that for some reason the subscriptions, donations, etc., for the past year are over twenty-one thousand dollars less than for the preceding year. While the report has many commendatory remarks, Dr. Smith does not hesitate to speak out plainly and distinctly in criticizing certain conditions which, he urges, *must* be corrected in some hospitals. Some of these are: The necessity for better fire protection, overcrowding and lack of proper ventilation, caring for tubercular cases in wards with other patients, indiscriminate visiting and the absolute necessity of

having all infectious diseases cared for in isolated hospitals not less than one hundred and fifty yards from any other building. The erring ones will no doubt take heed and make the desired improvements, for after all, that is what a Government Inspector is for, and it is better to call "a spade a spade." Ontario hospitals must not get behind in these days of progress.

The graduating exercises of class of 1905 were held at the Royal Victoria Hospital, Montreal, on April 1st. Lord Strathcona, one of the founders of the institution, presented the diplomas and badges to the graduating class. He announced that he and Lord Mount Stephen wished to have a Nurses' Home built at their expense, and as the nurses have long felt the great need of such a building—this announcement was much appreciated. The work on the Home will be commenced early in May. An address was given by Dr. Bell, and afterwards a reception was held. The following nurses graduated: Miss M. F. Henry, London, Ont.; Miss M. A. Prescott, Baie Verte, N.B.; Miss C. Tocher, Fergus, Ont.; Miss E. J. Smith, Harvey Station, N.B.; Miss M. Cartwright, Toronto; Miss M. Young, Park Head, Ont.; Miss B. Watson, Paisley, Ont.; Miss F. Fraser, Kinburn, Ont.; Miss A. Bisset, Quebec; Miss M. Hyndman, Kempville, Ont.; Miss A. E. Rodd, Brackley Pt., P.E.I.; Miss N. L. Holmes, Toronto; Miss C. Snider, Lancaster, Ont.; Miss A. Snyder, Lancaster, Ont.; Miss K. Griffin, Toronto; Miss J. F. Beatty, Hamilton, Ont.

At a meeting held in March, at Hillman Hospital, an Association of Graduate Nurses was formed and resolutions were passed to establish in Birmingham, Ala., a Nurses' Registry. Thirty-five nurses were enrolled, graduates of Hillman Hospital, St. Vincent's, etc. The officers are: President, Miss M. J. Allan, Toronto; Vice-President, Miss C. Baker; Secretary and Treasurer, Miss J. Barry, Toronto. It was unanimously resolved: (1) To form in Birmingham an Association of Graduate Nurses. (2) That those entitled to enrollment shall either hold diplomas from recognized training schools, or certificates of two years' training in private sanitariums. (3) That these credentials be subject to the approval of a joint committee of three nurses and three doctors to be elected by the Association. (4) That after six months, only diplomas from recognized training schools shall be accepted by said committee.

The annual commencement exercises of the Kingston General Hospital Training School for Nurses were held in Convocation Hall, Queen's University, April 29th, 1905. After an invocation by the Rev. W. T. G. Brown, Mr. D. M. McIntyre, chairman of the Board of Governors, gave a brief sketch of the work of the Training School. Mr. W. F. Nickle presented diplomas to the following young women: Misses E. Dickson, B.A., Kingston; M. Oswald, Pontypool; A. C. Elliott, Kingston; H. Byers, Bailieboro; M. Rodger, Perth; H. Ferguson, Lotus; A. M. Beattie, Peterboro'; M. McIlroy, Kingston; J. McCallum, Brewer's Mills; J. C. Turner, Belleville; E. Ferrier, Kingston; F. McLeod, Kingston; G. Mills,

Wilton ; D. C. Croft, Picton. Miss E. C. Gordon, superintendent, gave a very interesting account of the history of nursing. The graduating class repeated the Florence Nightingale pledge with Miss Gordon. Mesdames Chown and Connell presented each of the nurses with the graduating pin, a gold and white cross. Dr. Mundell, chairman of the medical staff, addressed the graduates, giving some advice which would be of much help to them in their professional career.

The monthly meeting of The Alumnæ Association of the Toronto Children's Hospital was held at the Hospital, May 13th, 1905, the President, Miss Hamilton, in the Chair. After a discussion *re* the "Sick Benefit Fund," Miss Brent showed the plans for the new Nurses' Home, which will be completed next March. Dr. McPhedran gave an instructive and interesting lecture on "Dietetics."

The Training School for Nurses in connection with the Hospital for the Insane at Brockville, has closed its first year with gratifying success. Arrangements have been made to have the examinations conducted uniformly with the Asylum Nurses' Branch of the British Medico-Psycological Association, so that graduate nurses will be recognized as members of the British Association. This arrangement will likely be very satisfactory, and the Brockville institution deserves credit for taking the lead in Ontario in securing recognition to Canadian nurses who train in this special work of nursing mental and nervous cases.

Mr. E. C. Stephens, a prominent business man of Collingwood, and one of the directors of the Northern Navigation Co., has donated seven hundred dollars to furnish the new operating-room of the General Hospital, Collingwood. Mr. Hammond, President of the Northern Navigation Co., has contributed one hundred dollars towards the tiling of the operating-room. All the wards in the new wing have been furnished by individuals or societies.

Miss M. Hyde, Superintendent of the General Hospital, Dauphin, Man., reports that a new wing is being added to the Nurses' Home and a new laundry, with all modern improvements is being built. It is expected that during the summer telephones and electric light will be put in the hospital. The work is increasing to such an extent that it will be necessary in a short time to enlarge the building.

The N.A.A., of Kingston held two very pleasant and successful meetings on March 7th and April 4th, respectively. This Society works in conjunction with the Woman's Aid Association of Kingston General Hospital. The President, Mrs. Tilley, was appointed to represent the Association at the O.G.N.A. annual meeting in Toronto on April 22nd. Miss Georgina Nicol, Cataraqui, is Secretary-Treasurer of the N.A.A.

The new Midland and Penetanguishene Hospital has been opened without the decoration of a mortgage. This is something new for a hospital, but so far, the want of any debt has not proved a source of embarrassment. The enterprise and pluck of some of those northern people might well be emulated in other parts of the province.

At a well-attended and enthusiastic meeting of the Governors of the Western General Hospital, Montreal, it was decided to build a new wing at once. Eight nurses graduated this spring from this hospital. One of these, Miss Margaret Leslie, of Toronto, has been appointed to take charge of the hospital operating-room.

Dr. Bruce Smith, the Inspector of Hospitals for Ontario, says he hopes to see the CANADIAN NURSE taken and read in every hospital in the province, and does not hesitate to express himself as fully convinced that there is a field for excellent work for our publication.

Niagara Falls, Ontario, is likely to erect a hospital at an early date. A Hospital Trust has been organized there, with Mr. James Wilson as President, and plans are being prepared to erect a hospital on modern lines and with a first-class equipment.

The Grace Hospital Alumnæ Association will close in June what has proved a very successful and interesting year, considering that the Association was only founded late in the spring of 1904. There is a membership of fifty, and it is hoped that the Society may increase in members and may prove a bond of strength and interest among the graduates.

Canada was well represented at the Washington meeting of the International Association of Superintendents of Training Schools. Among those present were the following Superintendents: Miss Snively and Miss Brent, of Toronto; Miss Henderson and Miss Gilmour, of the Royal Victoria, Montreal; Miss Chesley and Miss Meiklejohn, of Ottawa; and Miss Mayo, of London.

The Alumnæ of St. Michael's Hospital, Toronto, has had lareg and interesting meetings lately. The officers for this year are: President, Mrs. Richard Grier; 1st V.-Pres., Miss McNicholl; 2nd V.-Pres., Mrs. Monkhouse; Treasurer, Miss C. C. Fraser; Secretary, Miss L. M. Graves; Directors, Misses Boyne, Donnelly and Regan.

A large addition is being built to St. Joseph's Hospital, Port Arthur. A Training School, in charge of Miss Lydia Regan, has been started in connection with this institution.

The Toronto Western Hospital Alumnæ Association, held a reunion of the graduates in the Nurses' Home, 24 Rosebery Ave., on March 28th, 1905, to celebrate the anniversary of the organization of the Alumnæ.

Goderich, Ontario, is likely soon to have a new hospital.

The Victorian Order of Nurses' Hospital at Thessalon, Algoma, has enjoyed a prosperous year.

Miss E. Betzner (Berlin-Waterloo Hospital, 1902) is at Atlantic City with a patient.

Miss C. Macfadyen (Berlin-Waterloo Hospital, 1904) has been very successful in Windsor doing private nursing.

During the past year no less than thirty-nine thousand two hundred and twenty-three patients were treated in the hospitals of Ontario.

There are now sixty-four public hospitals in Ontario.

Miss Helen McLean, Sick Children's Hospital, Toronto (1900), who has been ill for several weeks in the General Hospital, Collingwood, is convalescing.

Mrs. Herbert Goldie (nee MacKenzie), formerly Head Nurse of the Galt Hospital, has sailed for Europe with her husband.

Miss S. L. Dawson, Montreal General Hospital (1899), has been a patient in the Collingwood General Hospital for four weeks, but will soon be able to return to her home.

Miss E. Thyne Thorne, graduate of Toronto General Hospital, and Superintendent of the Mapimi Hospital, Mexico, is visiting her sister at 540 Spadina Ave., City.

We regret to report the resignation of Miss M. E. Dougal, for the last six years Assistant-Superintendent of the Toronto General Hospital. Miss Dougal will be much missed by both the patients and nurses.

Miss Myrtle Hodgins and Miss Mary H. MacKay, graduates of the Woodstock General Hospital, have completed a six months' course in the Memorial Hospital, New York, and are locating for private duty in New York City.

Miss Nellie Campbell (T.G.H.), 1903, has been appointed head-nurse in City Hospital, Vancouver.

Miss L. Doble, late assistant superintendent of the Sick Children's Hospital, has been obliged to resign her position on account of illness in the family.

Miss W. E. Groom, graduate of St. Michael's Hospital, was married on March 15th to Mr. W. F. Nixon, Toronto.

Miss Mahony, an undergraduate nurse of St. Michael's Hospital, was operated on, early in May, for appendicitis. She is progressing favorably.

Miss Evelyn Whitemarsh (Sick Children's Hospital, 1904) has accepted a position at the Gravenhurst Sanitarium.

Miss Frances B. Stony (1901), Collingwood General Hospital, who has been an United States army nurse, serving in the Philippines, for the last two years, is expected home this month.

Miss Maud Dover (T.G.H.) has removed to 289 Huron Street, City.

Miss M. Steers (T.G.H.) has removed to 380 King Street W., City.

Miss M. A. Snively, Superintendent of the Toronto General Hospital, and Miss L. Brent, Superintendent of the Sick Children's Hospital, Toronto, have been attending the Convention of Superintendents in Washington, D.C.

Miss Baldwin has accepted a position in the Polytechnic Sanitarium, in New Orleans.

Miss Barwick, graduate of the Johns Hopkins Hospital, Baltimore, has applied for the appointment of Registrar of the Central Registry of Toronto. Miss Barwick has had considerable experience in this work, as she held a similar position in Baltimore for eight years, and it was owing to her untiring efforts that the Registry of that city proved such a success.

Miss Wismer is visiting her home in Dunnville, Ont.

The work towards the new Nurses' Home in connection with the Sick Children's Hospital, Toronto, has been started, the property having been cleared of old houses.

Miss Josephine Hamilton, graduate of S.C.H., has been confined to the house with a broken ankle, but will soon be out again.

The graduating exercises in connection with the General Hospital, Collingwood, were held in May. The names of the nurses who graduated are: Miss A. Gerald, Miss A. Moore, Miss M. Robinson, Miss E. Wilson, Miss B. Klinck and Miss M. Lord.

Miss Ida Kealy, a recent graduate of the Galt Hospital, has gone to Medicine Hat to take up private nursing.

Miss Jessie Christie, graduate of the Toronto General Hospital, class of 1895, has been appointed Assistant Superintendent of that institution.

Miss Mary Gray is able to be out again after an illness of twelve weeks. Miss Gray contracted diphtheria from a patient.

Miss E. Jamieson has been in California for several months doing hospital work.

Miss Carrie Bowman, late Superintendent of the Hamilton City Hospital, has gone to Winnipeg to do private nursing.

Miss Mary Crozier (Guelph General Hospital) has accepted the position of Head Nurse on the private wards of the Lakeside Hospital, Cleveland, Ohio.

Miss M. McMillan has gone to Tacoma, Washington, to take up private nursing.

The Riverdale Isolation Hospital has started a successful diet kitchen.

Mrs. J. W. McCullough (*née* Lawson), of Alliston, Ont., spent Easter week with her father on Tyndall Avenue, Parkdale.

Miss Margaret Wightman, who graduated last February from the Galt Hospital, left recently for Winnipeg to take up private nursing.

Miss Vancour, graduate of Galt Hospital, 1901, recently took a post-graduate course in the Memorial Hospital, New York, and and has taken up private nursing in Winnipeg.

Miss Brent, Superintendent of the Children's Hospital, Toronto, has arranged for a Post-Graduate Course (in Maternity), for the Children's Hospital, at the Manhattan Hospital, New York.

Mrs. Rogers (Children's Hospital, Toronto), is Superintendent of the School Nurses of New York. There are now 44 school nurses, who work among 300,000 school children, treating minor diseases at the schools, thereby allowing the children to continue their schooling.

Miss MacMurtry, Grace Hospital, Toronto, who has been nursing at the Gravenhurst Sanitarium for the last six months, expects to return to Toronto in June.

Miss Potts, graduate of St. Luke's Hospital, Ottawa has been appointed Assistant Superintendent of the Sick Children's Hospital, Toronto. Miss Potts was formerly Night Superintendent of the Hospital.

Miss K. Manson, graduate of St. Luke's Hospital, Ottawa, has been appointed Night Superintendent of the Sick Children's Hospital, Toronto.

Miss Jones, (Grace Hospital, Toronto), has resigned her position at Gravenhurst Sanitarium on account of illness. She is at present at Colorado Springs recuperating.

Miss MacMillan (Grace Hospital, Toronto), who has been nursing in Berkley, Cal., since last fall, expects to return in June, and will spend the summer nursing at the Gravenhurst Sanitarium.

MARRIED.—On Tuesday, March 7th, 1905, at 380 King Street W., by the Rev. R. J. Moon, Rector of St. Margaret's Church, Toronto, Mary Baker Carpenter, late of Tiverton, Devonshire, England, to John Alton Hardy, of Sheridan, Ont.

MARRIED.—On Wednesday, April 26th, 1905, at the Methodist Church, Mount Albert, by the Rev. Mr. Morgan, Phœbe Foster, of Toronto, to John Alexander Hopkins, of Mount Albert, Ont.

DIED.—Miss Jessie McLaren, graduate of the Toronto General Hospital class of 1887, died suddenly of ptomaine poisoning in Florida, in March. The remains were brought home to Mount Forest, accompanied by Miss M. Thorne. Miss McLaren has been nursing for several years with Miss Marion Wilson and Miss M. Thorne in a private sanitarium in Florida.

The Nurse's Library.

Eye, Ear, Nose, and Throat Nursing. By A. DAVIS, A.M., M.D., and BEAMAN DOUGLAS, M.D. With 32 illustrations. Price $1.25. Philadelphia: F. A. Davis Co.

Prepared by two specialists, Professors in the New York Post-Graduate Medical School and Hospital, and admirably adapted to the needs of physicians, medical students and nurses, this book will make a place for itself at once. The chapters on Remedies and their Application are invaluable, but, indeed, the whole book should be read carefully.

A Text-book of Obstetrics. BY A. H. WRIGHT, M.D., Professor of Obstetrics in the University of Toronto. New York and London: D. Appleton & Co. Toronto: Morang & Co.

Great interest has been felt in this, the first important Canadian medical text-book, on account of the long experience, wide knowledge and personal popularity of the author, the importance of the subject, and the desire, felt by all medical students and physicians of the right sort, to read the best modern books. These feelings will not be disappointed. "Wright's Obstetrics" has certainly not been excelled, and has probably not been equalled in clinical value, at least, by any other work on the subject. Nurses will find

the chapters on "Normal Labor" and the "Puerperal State" invaluable, containing as they do explicit directions to the nurse as to everything she should do and a great deal of information to which nurses may require to refer. Few readers will begin the chapters on "Prolonged Labor" and "Listerism and Obstetrics" without reading them through at one sitting; they are so interesting. The book is handsome in appearance, contains two hundred and twenty four illustrations and tables of contents, indexes, etc. We sincerely congratulate Dr. Wright, the friend of all nurses, on the appearance of his valuable book, and cordially commend it to our readers.

The Gazette Pocket Speller and Definer. Price 50 cents. New York: The Gazette Publishing Co.

This convenient book, so small that it may be slipped into a pocket or small satchel, is one of the best little dictionaries published. 116 pages of English words, 100 pages of medical words, a word to a line. To nurses it will be a great assistance.

The Eye. By CHALMERS PRENTICE, M.D., Chicago: Published by the Author.

"In the union of health adjuncts, and the absence of pessimism, there is no such thing as incurable disease." These words may be taken as the theme of this interesting work on the eye. The author goes on to discuss mind energy, brain strain, neurasthenia and the effects of these, in an original and illuminating way. All the different defects of vision are carefully explained. The book is a suggestive one.

How to Feed Children. By LOUISE E. HOGAN. Seventh edition. Philadelphia: The J. B. Lippincott Co.

This excellent manual forms one of the well-known practical Lessons in Nursing series, but will be found useful for mothers, teachers and physicians, as well as nurses. Infant feeding, summer diet, diet in illness, diet for school-children, are among the best chapters in the book. The author is well read, and this is one of the best books on the subject.

A Hand-book of Nursing. Philadelphia: The J. B. Lippincott Co.

This is the 1905 edition of the Connecticut Hand-book of Nursing of 1878, modernized and revised. It was brought out in the first place, by the committee of the Connecticut Training School for Nurses, and was intended for the guidance of nurses in their daily duties. Hospital nursing, private nursing, medical,

surgical and obstetrical nursing, as well as the nursing of children, are dealt with in separate sections of the book. It is in every way an excellent text-book, reliable, practical and complete.

How to Cook for the Sick. By HELENA V. SACHSE. Third edition. Philadelphia: The J. B. Lippincott Co.

Every nurse needs a book on this subject and we can cordially recommend this one. It is condensed, yet complete and practical (the author has tried all her own recipes and they have been successfully used in six hospitals). The arrangement of the book permits of ready reference, and a great many recipes are presented together with many valuable hints.

The Life of Florence Nightingale. By SARAH A. TOOLEY. Price $1.75. New York: The MacMillan Co. Toronto: Morang & Co.

No volume will be more welcome to the Nurse's Library than this. Having once opened it, we can scarcely bear to lay the book down unfinished. Professional interest, personal interest, national interest, all meet in these pages, which tell the story of a great and wise and loving woman who founded a new profession for women. She is one of our ideals, and will always remain so. The publication of the biography strikingly commemorates the jubilee of her departure for the Crimea, on October 21st, 1854. Her childhood, her education, her friends, and her professional career, are all dealt with in this interesting volume, which we hope many of our readers will soon possess.

The Contributors' Club

REGISTRATION OF NURSES IN ONTARIO

To the last two words I take exception. Let the movement be not for Ontario alone, but for *Canada*. Let the nurses who have this movement at heart and who wish to see the profession placed on a right basis, disabuse their minds of the idea that it is for Ontario alone. Here in the west we see the need of registration for the "Trained Nurse." As we are such a young country, we get an influx of the discarded probationers, ward maids, etc., from the large eastern and U.S. hospitals, calling themselves "trained" wearing uniforms, etc., having, it is true, a smattering of knowledge and who *demand* and *get* the prices of the regularly trained nurse and unless their diplomas are positively demanded (having many excuses for not showing them) they are accepted by the public as

bona-fide nurses. Let us profit by the mistakes of the older professions of medicine, law, dentistry and pharmacy, which obtained Provincial legislation, and now we see these professions spending money and time trying to obtain Inter-Provincial Registration. Let our nurses be "National" not "Provincial." Have not women helped to build up every national movement? Then why should we, who have enlarged our sympathies and world by our Hospital Training, not have for our watchword in this cause "Canada" not Ontario alone.

[Our correspondent's idea is an excellent one. But as educational matters are under the control of Provincial Government, it will evidently be necessary to obtain the consent of each Province to Registration before Dominion Legislation can be secured.—EDITOR.]

UNUSUAL CASES—NEW IDEAS—EXAMINATION PAPERS

Would it not be helpful to us all if Nurses or Superintendents of Hospitals would send in reports of any unusual cases, with treatment for the same? Also, if some of our sisters who are in charge of operating theatres in the larger centres would give us the new ideas constantly being put into practice by our leading surgeons? In this way, we who are more or less isolated, could keep up with all the modern methods. As it is, very little help is given along these lines by even the big American Nursing Journals. And consequently we have to depend on our surgeons to bring us back any new thing which they may happen to note or remember on their occasional trips to New York or elsewhere.

Another thing I would like very much would be the publishing of the Examination papers (trials) of the Training Schools. It would be of great benefit to us in the smaller Hospitals to know just what was being asked in the large Training Schools so that we could as far as possible keep our standard for Trials as high as theirs. I am afraid this is a very selfish contribution largely made up of some of my own needs.

[Our correspondent has done the Canadian Nurse a great service by sending this contribution. These three ideas are excellent and we appeal to our readers to carry them all out in the next Contributors Club. Send reports of unusual cases with nursing methods and treatment, also new ideas from the Theatre and Examination papers.—EDITOR.]

TEXT-BOOKS FOR NURSES

Hampton, "Nursing, its Principles and Practice" $2.00
Stoney, "Practical Points in Nursing" 1.75
Weeks, "Text-book of Nursing" 1.75
Humphrey, "Manual of Nursing" ... 1.00

Davis, "Obstetric and Gynæcologic Nursing" 1.75
DeLee, "Obstetrics for Nurses" 2.50
Fullerton, "Obstetrical Nursing" 1.00

Boland, "Invalid Cookery" 2.00
Knight, "Food and Its Functions" ... .75
Hart, "Diet in Sickness and Health" 1.50
Holt, "Care and Feeding of Children". .75

Dock, "Materia Medica for Nurses" .. 1.50
Stoney, "Materia Medica for Nurses" 1.50

Kimber, "Anatomy and Physiology for Nurses" 2.50
Furneaux, "Human Physiology" ..... .75
Hampton, "Nursing Ethics" 1.50

Pyle, "Personal Hygiene" $1.50
Hewer, "Our Baby" ..... .75
Griffith, "Care of the Baby" 1.50

Warwick & Tunstall, "First Aid to the Injured" 1.00
Pye, "Elementary Bandaging" ..... .50
Roberts, "Ambulance Work" ..... .75
Osborn, "Nursing Ambulance Lectures" .60

Stoney, "Bacteriology and Surg. Tech. for Nurses" 1.50

Dorland, "Pocket Medical Dictionary" (plain) 1.00
Do. (indexed) 1.25
Gould, "Pocket Medical Dictionary" (plain) 1.00
Do. (indexed) 1.25
Morten, "Nurses' Dictionary" ..... .75

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THE ONTARIO GRADUATE NURSES' ASSOCIATION

CHARTER MEMBERS.

YR.	NAME	ADDRESS	HOSPITAL	YR.
1904	Anderson, A. J	12 Selby St., Toronto	General Hospital, Toronto	1903
1905	Aubin, N. L	505 Sherbourne St., Toronto	" " "	1894
1904	Aiken, A	138 Wilton Ave., Toronto	Grace " "	1887
1904	Argue, E	505 Sherbourne St., Toronto	Riverdale " "	1900
1904	Brent, L. E	Sick Children's Hospital, Toronto	Brooklyn City Hospital	1890
1904	Boyne, E	608 Church St., Toronto	St. Michael's Hospital, Toronto	1897
1904	Bowman, C. M	641 Toronto St., Winnipeg	General " "	1890
1904	Brown, A.	101 Cowan Ave., Toronto	" " "	1895
1904	Boyd, A. M	380 King St. W., "	" " "	1889
1904	Beam, I. J	12 Selby St. "	" " "	1897
1904	Burkholder, J	" "	" " "	1898
1905	Blyth, F. W	62 Grenville St., "	Sick Children's Hosp., Toronto	1903
1904	Bridgeland	80 Lowther Ave., "	Grace Hospital, Toronto	1898
1904	Baker, E	201 Earl St., Kingston	General " Kingston	1898
1904	Bowerman, L	505 Sherbourne St., Toronto	" " Toronto	1895
1904	Barnard, M. L	608 Church St.	Sick Children's Hosp., Toronto	1898
1905	Buckland, R. A	Fergus, Ont.	Royal Alexandria Hosp. Fergus	1905
1905	Bell (Mrs.) M	Arthur "	" " " "	1905
1905	Bruce (Mrs.) L. E	Gormley, P.O., Ont.	General Hospital, Toronto	1898
1903	Begg (Mrs.) C. G	264 Carlton St.	" " "	1898
1904	Bole, A. M	380 King St. W.	" " "	1900
1905	Barwick, C. B	644 Spadina Ave.	John Hopkins Hosp. Baltimore	1893
1904	Chillman, E	General Hospital, Stratford	General Hospital, Toronto	1892
1904	Clary (Mrs.) M	St. V. de Paul, Hospital, Brockville	Mercy " Chicago	1901
1904	Carnochan, A	26 Selby St., Toronto	Grace " Toronto	1901
1904	Coleman, H. J	39 East Ave. North, Hamilton	City " Hamilton	1897
1904	Christie, M	19 Classic Ave., Toronto	General " Toronto	1897
1905	Coleman, S. M	The Nicholls Hospital, Peterboro'	N.Y. City Hospital, New York	1896
1904	Donnelly, J	608 Church St., Toronto	St. Michael's Hosp., Toronto	1898
1904	Dougall, M. E	General Hospital, Toronto	General " " "	1896
1904	Davis, F. N	179 College St. "	" " " "	1895
1904	Davis, M. H	" "	" " " "	1901
1904	Doble, L	32 Dearborn Ave., Toronto	Sick Children's Hosp., Toronto	1901
1904	De Vellin, C. E	505 Sherbourne St., "	Grace Hospital, Toronto	1893
1905	Darrell, L	34 Hazleton Ave., "	General Hospital, Kingston	1898
1905	Downey (Mrs.) A	96 Bellevue Ave., "	St. Luke's Hospital, Chicago	1891
1904	Eastwood, C	206 Spadina Ave., "	Bellevue Hospital, New York	1887
1904	Ewing, M	26 Bellevue Ave., "	Sick Children's Hosp., Toronto	1895
1904	Edmonson, C	Peterboro', Ont	General Hosp., Kingston	1904
1904	Evans, M	21 Park Road, Toronto	Grace " Toronto	1900
1904	Fitzgerald, A	St. Michael's Hospital, Toronto	St. Michael's Hosp., Toronto	1903
1904	Flaws, E	Butterworth Hosp., Grand Rapids, Mich.	General " "	1895
1904	Fralick, H. B	12 Selby St., Toronto	" " "	1897
1905	Field, E	505 Sherbourne St., Toronto	" " "	1904
1904	Fogarty, Mary	Riverdale Hospital	Riverdale Hospital	1902
1904	Gordon, E	General Hospital, Kingston	General Hospital, Toronto	1889
1904	Graves, L. M	St. Michael's Hospital, Toronto	St. Michael's Hosp. "	1903
1904	Greene, C. H	Belleville Hospital, Belleville	General Hospital, "	1891
1904	Gray, J. L	7 Pears Ave., Toronto	Sick Children's Hosp., Toronto	1893
1904	Gray, Mary	505 Sherbourne St., Toronto	" " " "	1893
1904	Gladstone, S. E	General Hospital, "	General Hospital, Toronto	1896
1904	Gunn, E. L	Royal Alexandra, Fergus, Ont.	Western " "	1902
1905	Graham, E	80 McCaul St., Toronto	General Hospital, Collingwood	1903
1905	Gallaher, M	St. Luke's, Ottawa	St. Luke's Hospital, Ottawa	1902
1905	Hamilton, J	481 Church St., Toronto	Sick Children's Hosp., Toronto	1888
1905	Hally, M	34 Hazleton Ave., "	" " " "	1897
1905	Hollingsworth, H	Gen'l and Marine Hosp., St. Catharines	General Hospital, Toronto	1888
1905	Hargrave, E	380 King St. West, Toronto	" " "	1897
1905	Hodgson, G. A	82 Bloor St. West, "	" " "	1893
1905	Hall, M. E	551 Sherbourne St., "	" " "	1900
1904	Haldenby, E	114 Carlton St., "	Grace Hospital, Toronto	1901
1904	Heise, E	532 Church St., "	" " "	1900
1905	Harrison, T	9 Pembroke St., "	" " "	1898
1904	Highsted, J	City Hospital, Ithaca, N.Y.	Riverdale Hosp., Toronto (post-grade) P Q. Detroit.	1903

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YR.	NAME	ADDRESS	HOSPITAL	YR.
1905	Johnston, N.	Box 293, Orangeville, Ont.	Royal Alexandra, Fergus	1905
1904	Kennedy, M. J.	100 Grange Ave., Toronto	Hamot Hosp. Erie, Pa.	1895
1904	Lennox, A. M.	62 Czar St., Toronto	General Hospital, Toronto	1895
1905	Lymburner, C	Niagara Falls South	" " St. Catharines	1904
1904	Mayo, E	Victoria Hospital, London, Ont.	Ill. Training School, Chicago	1892
1904	Micklejohn, M. L.	Lady Stanley Institute, Ottawa	Brooklyn City Hospital	1892
1904	Matheson, K	Riverdale Hospital, Toronto	Riverdale Hosp. Toronto	1897
1904	Mitchell, C. A.	380 King St. West, "	General " "	1890
1904	Montgomery, Mae	Kingston General Hospital	Kingston, General Hospital	
1904	Moody, M. M.	15 St. Andrews St., Toronto	Sick Children's Hosp. Toronto	1895
1905	Morton, M	Collingwood General Hospital	Toronto General Hospital	1900
1905	Morrison, G	Collingwood	Collingwood General Hospital	1902
1905	Martin, M.	532 Church St., Toronto	Grace Hospital, Toronto	1900
1905	Mu drew, E.	10 Roxborough St. West, Toronto	Johns Hopkins Hosp. Baltimore	1900
1905	Manson, K	Sick Children's Hospital, Toronto	Lady Stanley, Inst., Ottawa	1903
1905	Montgomery, A.	Civic Hospital, Montreal	Riverdale Hosp., Toronto	1897
1905	Mears, S.	76 Avenue Rd., Toronto	" " "	1904
1904	Murray, A. C.	Riverdale Hospital, Toronto	" " "	1895
1904	Murray, Annie	Upper Canada College, "	" " P.Q. Montreal	1901
1904	McNeil, J.	505 Sherbourne St., Toronto	" " Toronto	1902
1905	McFadyean, K	Waldeman, Ont.	Royal Alexandra Hosp. Fergus	1905
1905	McWilliams, L.	Fergus, Ont.	" " "	1905
1905	McNish, M	551 Sherbourne St., Toronto	General Hospital, Toronto	1901
1904	Nicol, Mrs. G.	Cataraqui, Ont.	Nichols Hosp. Peterboro'	1901
1904	Neilson, J.	Toronto General Hospital	General Hospital, Toronto	1897
1905	Ovens, Clara	502 Spadina Ave., Toronto	Western Hospital, Toronto	1903
1904	Port, J. M.	20 Frankish Ave.	" " "	1890
1904	Parnell, Mrs. T. E.	Box 776, St. Catharines, Ont.	Gen. Mar. Hosp. St. Catharines	1896
1904	Paterson, E.		Kingston General Hospital	1903
1904	Paffard, Mrs. A.	26 Isabella St., Toronto	General Hosp., Toronto	1894
1904	Robinson, A.	Galt Hospital, Galt	" " "	1888
1905	Ross, Caroline	39 Carlton St., Toronto	" " "	1900
1904	Reid, A.		Kingston General Hospital	1900
1905	Roberts, M.	505 Sherbourne St., Toronto	General Hospital, Toronto	1900
1905	Robinson, B.	532 Church St., "	Grace " "	1902
1904	Reade, Annie.	2 Esther St., "	Riverdale Hosp. P.Q. Detroit	1904
1905	Sawyer, M	76 Avenue Rd., Toronto	Riverdale Hospital, Toronto	1904
1904	Stewart, G.	12 Selby St., "	General Hospital, Toronto	1893
1904	Shepard, E. T.	" "	Sick Children's Hosp., Toronto	1895
1904	Smith, L.	178 University Ave., "	Grace Hospital, Toronto	1898
1904	Sharpe, F. E.	Woodstock Hospital	General " "	1897
1904	Steers, M. A.	93 Breadalbane St., Toronto	" " "	1890
1904	Smith	103 Gore St., Kingston	Kingston General Hospital	
1904	Snively, M. A.	General Hospital, Toronto	Bellevue Hospital, New York	1884
1905	Standen, F. B.	34 Hazleton Ave., "	Lakeside Hospital, Chicago	1897
1905	Scott, A. W.	" "	Manchester, England	1889
1905	Stupperfield	486 Church St., "	St. Michael's Hosp., Toronto	1904
1905	St. John, Mrs.	194 Dunn Ave., "	General Hospital, Toronto	1898
1904	Scott, K	Riverdale Hospital, "	Riverdale Hospital, Toronto	1900
1904	Sanford, A	505 Sherbourne St., "	" " P.Q. Detroit	1902
1904	Tweedie, M.	63 Langley Ave., "	General " Toronto	1895
1904	Tribe, F. C.	26 Isabella St., "	" " "	1890
1904	Tilley, Mrs. S. H.	228 Johnston St., Kingston	Kingston General Hospital	1892
1904	Wartman, A.	Collins' Bay, Ont.	" " "	1897
1904	Walsh, M.	245 Alfred St., Kingston	Kingston General Hospital	1903
1904	Woodside, A. C.	532 Church St., Toronto	Sick Children's Hosp. Toronto	1904
1905	Woodland, G.	1 Rose Ave., "	Western Hospital, Toronto	1903
1904	Yorke, Mrs. A.	400 Manning Ave., "	" " "	1898

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1883.

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" Mary Graham (deceased).
" Elinor Potter (now Mrs. Jones), Kamloops, B.C.
" Margaret Maxwell.
" Margaret Campbell.

1884.

Miss Annie Barton (now Mrs. McIntyre), Toronto.
" Sarah Burrill, Shafer House, Los Angeles, Cal.
" Mary Clark.
" Ann Denovan (now Mrs. McDonald), Winnipeg, Man.
" Rosetta Pearson—(Mrs. McMillan), Toronto (deceased).
" Mary A. Orr (married).
" Henrietta Moote (married), Los Angeles, Cal.
" Hannah Cody (now Mrs. [Rev.] Grant), Ingersoll, Ont.
" Emily Brady (married).
" Effie Hewitt.
" Eliza Kennedy, Liverpool, Eng.
" *Jessie Duncan, Supt. General Hospital, Owen Sound, Ont.

1885.

Miss Grace Dalgleish, private nurse, Kamloops, B.C.
" Annie Hurst (married).
" Sarah Baye.
" Annie Boyd, private nurse, Los Angeles, Cal.
" Margaret Brown (now Mrs. Martin), Spokane, Wash.
" Elizabeth Jones (district nurse), Cleveland, Ohio.
" Kate Rogers (now Mrs. Taschereau), Quebec, Que.
" Sarah Clark (now Mrs. Perry).
" Sarah Johnston, private nurse, Toronto.
" Catherine Grey (at home), Scotland.
" Sarah Simpson (missionary), Central India.

1886.

Miss Alice Amos (now Mrs. Bent), 2002 Queen Street E., Toronto.
" Laura Whitaker, Supt. Nurses Railroad Hospital, Brainard, Minn.
" Margaret McMillan (now Mrs. John Murray Sook), Victoria, B.C.
" *Mary Kennedy (now Mrs. Geo. McPherson), 551 Sherbourne Street, Toronto.

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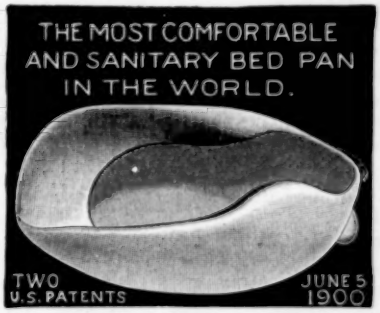

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" Gertrude Thorne, private nurse, Mount Dora, Florida.

1887.

Miss Keziah Underhill, Home for Incurable Children, Avenue Road, Toronto.
" Mary Yerex (now Mrs. Francis Hall), New York City.
" Isabella Harsbury (deceased).
" *Sarah Gamble (at home), Paris, Ont.
" Adelaide Sewell (at home), Toronto.
" Esther Kinsey (deceased).
" Grace Mowat, private nurse, Victoria, B.C.
" Minnie Barker (at home), Toronto.
" Kate Good, private nurse, New Haven, Conn.
" Theresa Miller (deceased).
" *Christina Hall, Supt. Hospital, Jamestown, N.Y.
" Isabel Walmsley (deceased).
" Margaret Middlemiss (now Mrs. W. P. Caven), Toronto.
" Eliza Livsey, private nurse, New Haven, Conn.
" Lizzie Gibson. Ellisboro', Assa.

1888.

Miss Marion Wilson, private nurse, 38 West 72nd Street, New York City.
" *Annie Coleman, Supt. Hospital, Saginaw, Mich.
" *Louise Eastwood (now Mrs. Bruce), Gormally, Ont.
" Hattie Sutherland (now Mrs. Corbett), Missionary, Che Foo, China.
" Ethel Woffingdon, Supt. Sanitarium, Charleston, S.C.
" Florence Bligh (now Mrs. Grassett), Glencoe, Ill.
" Annie Carveth, M.D. (now Mrs. Higbie), 88 Wyandott Ave., Lakewood, O.
" Nellie Stowe, 18 Huntington Ave., Boston, Mass.
" Helen McKellar (deceased).
" Jessie Howard (now Mrs. Thom), Goderich, Ont.
" *Christina Mitchell, 380 King Street West, Toronto.
" Margaret McDonald (now Mrs. [Rev.] McHaffey), Oxbow, Assa.
" Annie Littlehales (now Mrs. Hatch), Logansport, Ind.
" Louise Phymister (now Mrs. Geo. Acheson), Galt, Ont.
" Lizzie Howard (deceased).
" Annie Robinson, Supt. Hospital, Galt, Ont.
" Margaret Gifford, private nurse, Cobourg, Ont.
" Christina McCormack (deceased).
" Hannah Hollingworth, Supt. General Hospital, St. Catharines, Ont.

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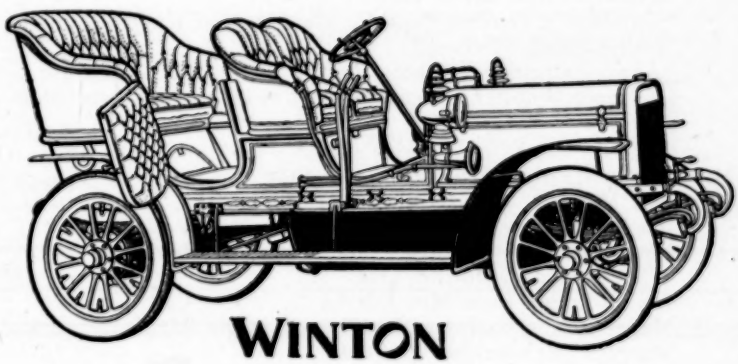

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" Bessie Sutherland (now Mrs. Smith), Shelburne, Ont.
" Margaret McIntosh, missionary, Honan, China.
" Carrie Watson (now Mrs. Richardson), 8 Dominion Street, Toronto.
" Jennie Graham (now Mrs. Clark, widow of Rev. J. Clark), 214 Delaware Avenue, Toronto.
" Nettie Lander, 1241 West 111th Street, New York City.
" Sarah Snyder (married).
" Mary Steers, 319 Lippincott Street, Toronto.
" Kate Anderson (now Mrs. Kerr), Hamilton, Ont.
" *Agnes Boyd, 380 King Street West, Toronto.
" *Helen Cameron (now Mrs. St. John), 194 Dunn Ave., Toronto.
" Frances Tribe, Barrie, Ont.
" *Elizabeth C. Gordon, Supt. General Hospital, Kingston, Ont.
" Carrie Smith (deceased).
" Agnes Pettigrew, Brighton, Ont.
" Florence Webster (deceased).

1890.

Miss Gertrude Osborne, private nurse, Troy, N.Y.
" Ada Marsh.
" Ida Moore (now Mrs. Stewart Beattie), New York City.
" Nettie Haight (now Mrs. J. MacRea), 434 Claremont Ave., Westmount, Montreal, Que.
" Emma Rogers (now Mrs. Fritshaw), Vallejo, Cal.
" Margaret Gourlay (now Mrs. Emms), Elgin, Man.
" Margaret McKerricher (married).
" Nettie Ferguson (now Mrs. Waugh), Detroit, Mich.
" Kate McTavish, Head Nurse, Atlin Hospital, B.C.
" *Annie Hollingworth, 380 King Street West, Toronto.
" Augusta Blakely, General Hospital, Yorkton, Assa.
" Janet Ardagh (now Mrs. Bone), 59 St. Mary's Mansion, Padington, London, Eng.
" Maggie Fraser (now Mrs. D. Flatt), Tantallon, Assa.
" Annie Bartle (now Mrs. Burnham), Morden, Man.
" Carrie Bowman, Supt. City Hospital, Hamilton, Ont.
" Carrie Currie (now Mrs. John Munro), Portage la Prairie, Man.
" Marguerite Clendenning (now Mrs. Hart), Vancouver, B.C.
" Annie Sutherland, Matron Lakeside Hospital, Cleveland, Ohio.
" Christina McKay (now Mrs. McCann).
" Annie L. Haigh, private nurse, Winnipeg, Man.
" Margaret Watson, Supt. Convalescent Home, Toronto.
" Gertrude Gallon (now Mrs. Campbell). Montreal, Que.

1891.

Miss Lilla Sheppard, Supt. General Hospital, Guelph, Ont.
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" Bessie Dewar (now Mrs. Odell), Cobourg, Ont.
" *Lisabel Isaacs, Night Supt. St. Luke's Hospital, St. Louis, Mo.
" Emily Chilman, Supt. General Hospital, Stratford, Ont.
" Mary Cassel, Private Nurse, California.
" Helen Sparks (now Mrs. Currie), 39 Howland Ave., Toronto.
" Eliza Price (now Mrs. Badger), Montreal, Que.
" Emma Armstrong (at home), Armstrong Mills, Ont.
" Martha Reynolds, 520 Euclid Ave., Toronto.
" Alice J. Scott (now Mrs H. Turner), Millbrook, Ont.
" Belle Gregory, Supt. Nurses St. Luke's Hospital, St. Louis, Mo.
" Margaret Johnston (deceased).
" Mary Atwood (now Mrs. Coatsworth), 341 Queen Street E., Toronto.
" *Clara A. Green, Supt. Hospital, Belleville, Ont.
" Margaret Wardlaw (at home), 40 Wilson Ave., Toronto.

1892.

Miss Catherine Smith, Barrie, Ont.
" Hannah Atkinson, Caledonia, Ont.
" Mehia Tye, private nurse, Indianapolis, Ind.
" Martha Graham (married).
" Nellie McDonald, Head Nurse City Hospital, Vancouver, B.C.
" Pauline McDougal (now Mrs. W. A. McDonald), Parkhill, Ont.
*Mrs. Annie Bolton, private nurse, 152 West 65th Street, New York.
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" Martha Kilgour, private nurse, College Hill, Cincinnati, Ohio.
" Annie White (now Mrs. Clifford Syne), Cobden, Ont.
" Mary Gardiner, private nurse, Cleveland, Ohio.
" Helen Melville, missionary American Mission, Benguela, West Central Africa, Cisamba Station, *via* Lisbon.
Mrs. Christina Mounsey, Supt. V. O. N. Hosp., Swan River, Assa.
Miss Isabel McTavish (now Mrs. Burgess), Bala, Muskoka.
" Agnes McRea (now [Rev.] Mrs. Wallis), Caledonia, Ont.
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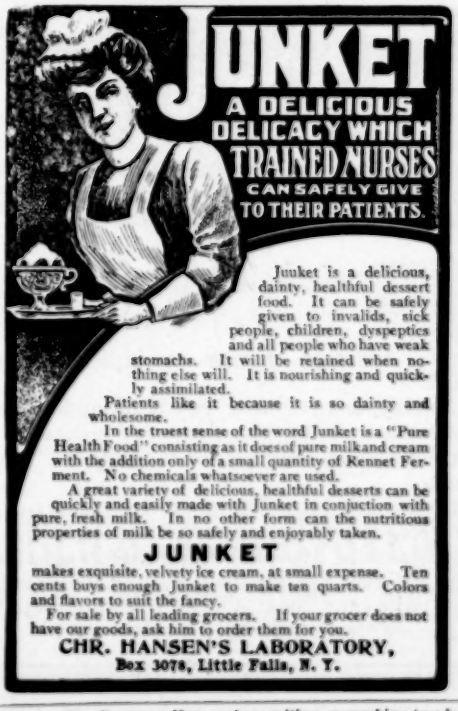
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" Ella Cosford (now Mrs. Anderson), Oakville, Ont.
" Jessie Nelles, Caledonia, Ont.

1893.

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" Annie Anderson (home address), Orangeville.
" *Anna Dick, Brampton, Ont.
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" Jean Scott (now Mrs. M. Leith), Bracebridge, Ont.
" Ida Sharpe, Head Nurse West Pennsylvania Hospital, Pittsburg, Pa.
" Nellie Miller, Supt. General Hospital, Brockville, Ont.

1894.

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" Harriet G. Armitage, private nurse, 107 Metcalfe Street, Ottawa.
" *Annie McKay, district nurse, 203 Huntingdon Avenue, Boston, Mass.
" *Martha Sneath (now Mrs. Andrew Bell), 17 Avenue Road, Toronto.
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1896.

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And we rest because He wills.

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